MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08353 CERTIFICATE OF DEATH DECEASED-NAME First Last 2g. DATE OF DEATH Middle (Type or print) Month Dominic Baratta June 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER I YEAR last birthday) HOURS Male White 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 8. MARRIED X NEVER MARRIED country) Italy U.S.A. WIDOWED [7] DIVORCED [Cecil 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Perry Point Point .Md. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY E. Pattersoff 286 Boulevard St. NO O Jersey 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Last Batsy Filomena Baratta Battinelli 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no ar unknown) [1] yes give war ar dates of service) 151 03 8690 VA Hospital records Perry Point IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute Coronary Thrombosis probably secondary IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF to Generalized Arteriosclerosis 30 seconds

Canditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Diabetes Mellitus 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY?

CAUSES OF DEATH? YES [NO IX

21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year

(If either, notify medical examiner) P.M.

21B. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Ng. 21d. INJURY OCCURRED City or Town County

While Not while at wark 22a. I certify that (IX (this haspital) attended the deceased fram Sept. 28, 19 67, to June 7, 19 68, Marketon Contract xoverthe droeps and other time was a second of the second

causes stated above, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SUBNATURE ATTENDING MED. DIRECTOR 6-8-68

State

22e. ADDRESS MICHAEL ERESHEVICH, M.D. VA Hospital, Perry Point, Md.

23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City or Town) 23b. DATE (County)

BURIAL, CREMATION, DEMOVAL (Specify)

EUNERAD DIRECTOR 2Sq. RECYD BY REGISTRAR 25b. REGISTRAR'S'SIGNATURE **ADDRESS** Charles mma

VR AT5 [4] 30M REV. 1/68 22d. PHYSICIAN'S NAME (Type)

O FUNERAL DIRECTOR: After this certificate has been director, page should be filed

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and completely filled in by

requires that the death certificate be executed within 24

please remove corban papers.

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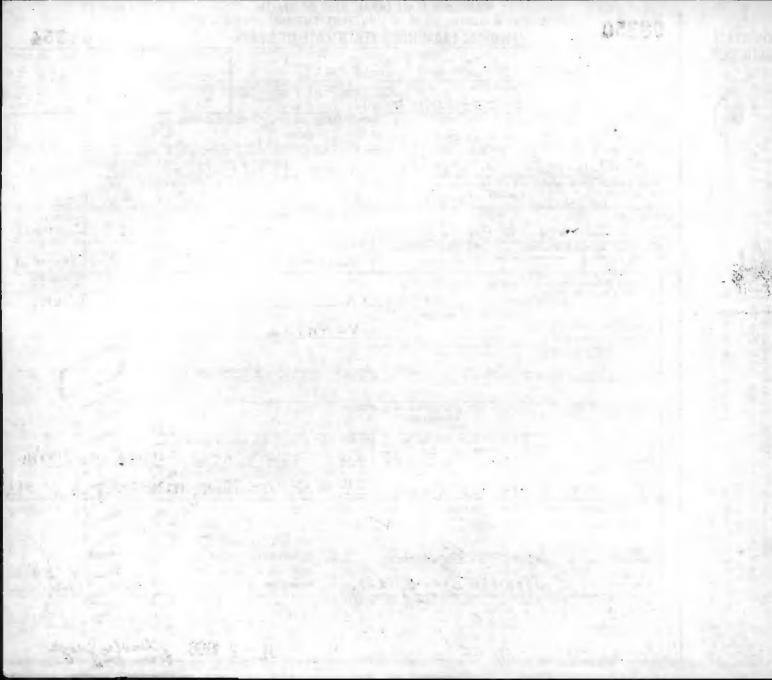
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1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08354
HEALTH DEPT.		Type or Print) Jimmy Dee Barrett 20 DATE KNOWN Month of STILL DEATH MATER & G.	Doy Yeor 2b. HOUR
Poge Proge	3. 5	EX 14. RACE 5. DATE OF BIRTH 6. AGE (in years) IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	30 168 I P. I
and 3 and 3 m3. Poo		M W 3-23-61 last birthday) MONTHS DAYS HOURS MIN. Marith 6 Day 30	Year 1968 1553
form P	7a. cour	BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH CECT 1 WIDOWED DIVORCED	N
after death 8. Give Pages 1, alang with farm with the State De	10.	E) Kton Md. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	26. KIND OF BUSINESS OR NOUSTRYS Choo
s after 18. Gin e alang 2 with death.	13 a.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER CHISSIAN STATE 13b. COUNTY CCC E WITCH YES NO PROPERTY NO PR	x 348
24 haurs in Item 13 s Office s 1 and 2	14. 1	FATHER'S NAME Edward Huey Barnett 15. MOTHER'S MAIDEN NAME First Middle Middle Barnett Helen Frances	Nowland
amine amine 2 hou		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, acupiknown) (if yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Edward H. Barrett (table) E	E) beton, Md
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c),) PART J. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND CEATH
Id be executed rd "pending" in Chief Medical Lansit permit. It event within		9/0 DUE TO, OR AS A CONSEQUENCE OF	Unk
be exe "pend hief Me ansit pe		Conditions, if ony, which gove tise to immediate couse (a). (b) Drowning	
shau the urial		stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	
s a and	12	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
is certificate te, writing the farwarded i se used as a remaval, and	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
E = 0	ERTIFI	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	YES NO NO
# P 5	MEDICAL	PRIMARY FOR CONTRIBUTING 1 / HOUR 6-30 1968 In water over head - whall	exsimin
	WE	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, WHILE AT WORK AT WORK AT WORK OF NO. PLACE OF INJURY (At home, form, street, AT WORK AT WORK OF NO. PLACE OF INJURY (At home, form, street, ELK Neck State Tark, Nr. North E.	County Store
ICAL EXAM s execute the far. Page 4 far. Page 4 far your CTOR. Page burial, cren		22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry	
		death resulted fram: Naturol causes 🗌 , Accident 🛂 , Suicide 🗍 , Hamicide 🗍 , Undetermined manner	
See . 17		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI	
o DEPUTY necessary, please the funeral direct 5 may be retaine 6 FUNERAL DIRE Health priar to		EXAMINER'S DEPUTY MEDICAL EXAMINER 1	-30-68
TO DEPUT HE fune the fune 5 may b TO FUNER Health	230	BURIAL CREMATION, 23b. DATE/ 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	County) (Stote)
OR	75	FUNERAL DIRECTOR 7/3/68 ELATON CENTEREY ELUTON, CEST	C Ma
VR AISME (0)	P	TPPIN FUNERAL HOME LOSANDE MA DAJUL - 2 1968 Jelionla	GNATURE Sudge



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08355

08351 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) 1-60 KS. aude 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last birthday) MONTHS HOUR5 Male White July 28,1895 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) Delaware USA Cecil DIVORCED [WIDOWED [IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if refired.)

Mail carrier give street oddress) Union INDUSTRY Elkton 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? YES CX Newark RD# 1 Glasgow NO Castle 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Lost Mary E. Johnson William C. Brooks 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, ar unknawn) 221-26-6982 Mrs. Elizabeth M. Brooks Glasgow, De 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Guera DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS-A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? Dowe YES 🔲 NO [21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY HOUR A.M. TOR CONTRIBUTING TO CAUSE OF DEATH Month Day (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram. 2. 19 68, and that in (my) (our) opinian death accurred on the date and haur and fram the saw the deceased alive an_ causes stated abave, (1) (we) (did) (did not) view the bady ofter death 225 SIGNATURE 22c. DATE/SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR PHYS. PHYSICIAN'S 22e. ADDRESS scher NAME Type 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL Specify 6/20/68 Gracelawn Mem. Park Farnhurst N.C. Del. 25b. REGISTRAR'S, SIGNATURE

25g. REC'D BY REGISTRAR

event, within 72 hours that the death certificate be executed within 24 hours signed by the attending physician ond completely filled in by burial-transit permit. Then please remove carbon papers. or removol, cremation, as the Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been for use Health r be detached ploons director, page 3 should be filed v

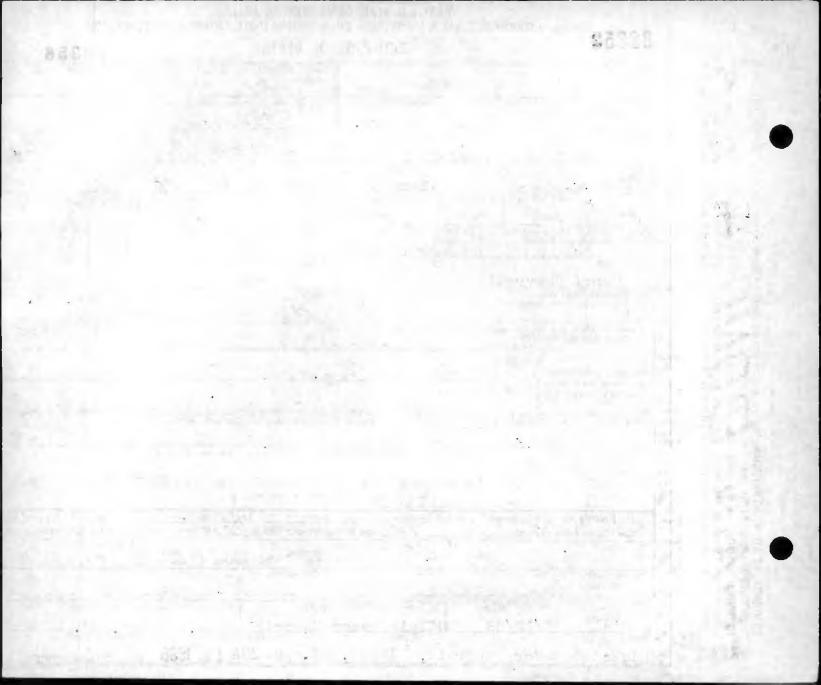
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VR A15 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

C - 10		021(111107112	Q. D		00000
1. PLACE O	DEATH		2. USUAL RESIDENCE (Where dec	eosed lived, if institution: R	esidence before admission)
o. COUNT			o. STATE	b. COUNTY	Com 1
1 0000	CEC/1-	MARYLAND	Ma		CECIL
	R TOWN (If outside corporate limits, RURAL and give nearest town)	c. LENGTH OF STAY IN 16"	c. CITY OR TOWN (If autside corp	porate limits, write RURAL or	nd give nearest town)
***************************************	ELK	53 yrs.	ELK	TEN.	
d. NAME	OF HOSPITAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS	-	e. IS RESIDENCE ON A FARM?
00	REX#4	Box 53	RE1#4	1 Box 53	YES NO W
3. NAME O		Middle	Lost 4. DAT	E Month	Doy Year
DECEASE (Type or	print) KABERT	Alex AX CH	EVREUIL DEA	TH #6	10 1968
S. SEX	6. COLOR OR RACE 7. I	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF L	INDER 1 YEAR IF UNDER 24 HRS
1	W. V	VIDOWED DIVORCED	4/20/03	last birthdoy) Mor	nths Doys Hours Min.
10o. USUAL C	CCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRPHPLACE (County & Stote, o		12. CITIZEN OF WHAT
during most	of working life, even if retired)	INDUSTRY	Form		COUNTRY?
13. FATHER	S NAME	- Egrangleyed.	14. MOTHER'S MAIDEN NAME		ET/ D
	Henri Chevreui	7	Unknown		, .
	CEASED EVER IN U.S. ARMED FORCES?		NFORMANT .	Address 173	lkton, Md.
(Yes, no, or I	(If yes give wor or dates of sen	vice)	Ma. No.	1 10 10	IKGOH, Ma.
100	0		IND. IVEL	LIF CHEV	INTERVAL BETWEEN
18. CA	USE OF DEATH (Enter only one couse po ART I. DEATH WAS CAUSED BY:	er line for (0), (b), and (c).)			ONSET AND DEATH
27	IMMEDIATE CAUSE (o) _	MYCCAL	DIAL N	FARCIJO	15 month
Candisi	ons, if any, which gove) (b)	1 - 0		7	110
	mmediate couse (a)	TEUTE OF	ONARY (100-45101	1 10 12/19
stoting	the underlying couse DUE TO	0	11/ _	X 1	10 0
lost.) (c)_	CORONARY	PIFARI	VSBASE	1 × year
PART II	OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION O	GIVEN IN PART 1(0)	19: WAS AUTOPSY PERFORMED?
) E 420	1 CEREBRAL	VASCULAS	SCLEROSI	5	YES NO
	CIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or	Port II of item 18.)	
	TRIBUTING CAUSE OF DEATH ER, NOTIFY MEDICAL EXAMINER)				
	ME OF INJURY Month, Doy, Yeor		CE OF INJURY (Home, form, 20	f. (City or town)	(County) (Stote)
WED	Hour o.m. 19		ory, street, office bidg., etc.)		
21	p.ms.	attended the deceased fram_	19,58	to 6/10	, 1968, that (I) (we) lo
21.	w the deceased alive an	Tune 1968, and tha	death accurred at 430	M. fram causes and	on the date stated above
	IGNATURE				22b. DATE SIGNED
	1/1	M. M.	D. PHYS. MED. DIRECTOR	STAFF	6/10/10
220 5	HYSICIAN'S	flinks. m.	22d. ADDRESS	к 🗀 гиіз. 🗀 ј	0/14/60
	IAME (Type) PETED S	TAUDAVIS MA	EL	KTON 1	40/
230 RIIDIA	, CREMATION, 23b, DATE THEREO	F 23c, NAME OF CEMETERY OR	CREMATORY 224	LOCATION (City or Town)	· (County) (Stote)
REMON	Al /Speciful			,	
24 FIMED	191 6/12/68	Gilpin Mano	r Memorial Pa	CIPAR 1 25h PEGICTO	MO AR'S SIGNATURE
24. FUNCIO	halph Ca. A	ucket 137 let an		A 1000 00	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08353 38357 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR hours after death by the funeral Pages 1 and (Type or print) Month George Clark June S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years IF LINDER T. YEAR IF UNGER 24 HRS HOUSES last birthday) 9-18-93 Male White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED [3] NEVER MARRIED Maryland U.S.A. WIDOWED [DIVORCED [Cecil 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.)
Salesman INDUSTRY Perryville Point . Md. Food ind. 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before event, 13c CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY 7600 Fontaine Bleau Drive. YESTER remove Carrollton 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Last Middle George W. Clark Elizabeth please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) 212-03-0993 VA Hospital Records Perry Point. Md CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND CEATH PART I, DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Bronchopneumonia, bilateral 5-10 days crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave) (h) Arteriosclerotic heart disease rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause () Arteriosclerosis, generalized PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) the r has been Diabetes mellitus 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20g. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING as CAUSES OF DEATH? YES TO NO [certificate 21o. ACCIDENT WAS LINDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State this (While Nat while at work O FUNERAL DIRECTOR: After 22a. I certify that (t) (this haspital) attended the deceased from Sept. 15, 1967, to June 2, 1968, about the love love The street of the control of the con be retained shauld causes stated abave, (1) (we) (did) (did nat) view the bady after death. 225 SIGNATURE 22c. DATE SIGNED ATTENDING 6-3-68 directar, page 3 shauld be filed v DIRECTOR Page 4 may ! 22e. ADDRESS VAH, Perry Point, Md. 22d. PHYSICIAN'S NAME (Type) A. L. MOONEY, M.D. 230 BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) 23 NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) alumnera &

VR A15 [4] 30M REV. 1/68 A. FUNERAL DIRECTOR JOHN Funeral Home, Havre de Grace,

250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 3418 1111 6 1968

filosles Judge

T20-1 بالمال المال 0 4 1 502 10.8 rest, ville ... rest is a second of the second seco A BITTE 5 1 0 . 1 (d.1) typick a to to (difference of 191222 STRE ULSC A stell Line of the company of the o months of the state of the feet of Maria Sala ju de a de bearing the second of the seco * - • | 7 | - • | • | and the large to the 20 1 200 1100 complete for Jones Level, care to Greek, it, it had a complete to the contract TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the functor director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and heary event, within 72 hours after death.

TO HOSTITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

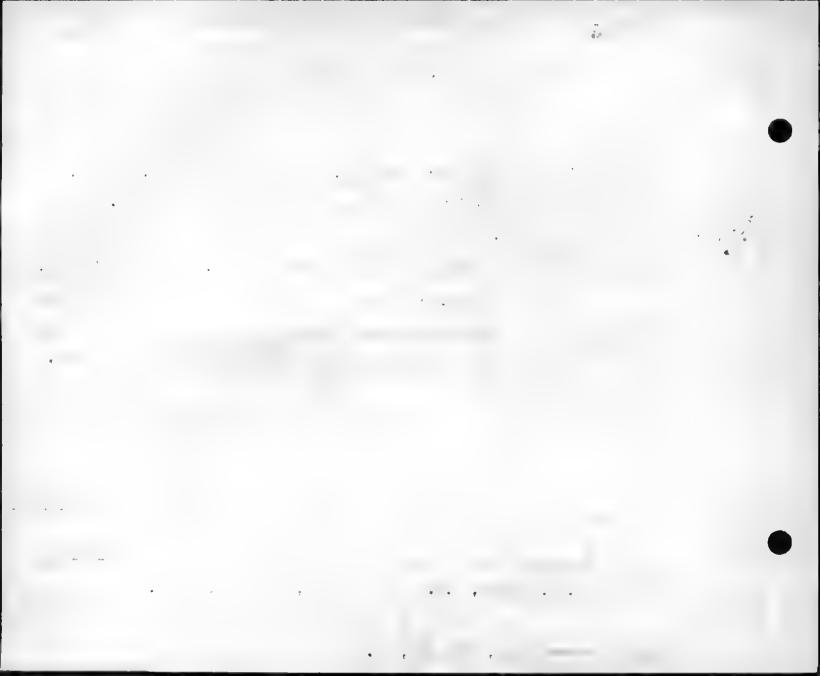
30M REV 1768

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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	004			CEKIILI	CALE OF D	EAIH				
1. DECEASED-N			Middle		Lost	2a	DATE OF DEATH			2b. HOUR
(Type ar pri	Ralp	h	Frank	lin	Cullum			ine 11	196	85:45P M
3. SEX		4. RACE			S. DATE OF BIRT	d	6. AGE	(In years	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
Ma.	le	Whit	se		8-10-	07	60	birthday) YRS.	MONTHS CATS	TIQUES MIN.
70. BIRTHPLAC	E (Stote or foreign	7b. CITIZEN OF WI	HAT COUNTRY?	B. MARRIED	NEVER MARRIE	9. COU	INTY OF DEATH			
country) Mary	yland	USA		WIDOWED	DIVORCE		ecil			Md
ווט כווז טא וכ	own of DEATH	give :	AME OF HOSPITAL OR IN: street gadress) JAH Perry 1		· ·	120 USUAL OCCU		en if retired)	12b KIND OF INDUSTRY Auto.	BUSINESS OR
	SIDENCE (Where decease	d hand of inchiant	on Day dance before			L INSIDE CITY LIMITS?	13e STREET AN		inuco.	
odmission) S Maj	ryland	13b. COUNTY He	urford	Abir	ngdon Y	EZ NO		ker Ave		
14. FATHER'S N	IAME First	Middle	Lost		IS MOTHER'S MAID	EN NAME First		Middle		lost
	Amos	J.	Cullur			Gert	rude	Α.	Cull	um
16a WAS DEC	EASED EVER IN U.S. ARM unknown) (11 yes give wo	ED FORCES?	16b. SOCIAL SECURITY I	NO. 17.	INFORMANT			Address		
Ye	s WW	2	217-26-3	646 1	VA Hospit	al recor	ds.	Perry		Md.
18. CAU	SE OF DEATH (Enter only	y ane cause per a	ne for (a), (b), and (c).	.)						MATE INTERVAL ONSET AND DEATH
PAR	T I. DEATH WAS CAUSED IMMEDIA	BY: TE CAUSE (a) P	ulmonary	edema					4-7	days
4/	124		AS A CONSEQUENCE OF							
Candition	ns, if any/which gave }	(b) C	ongestive	hear	t failu	e e			4-7	days
	mmediate cause (a), (the underlying cause)		AS A CONSEQUENCE OF		myoca	ardial f	ebrosi	5		
last)	(c) A	rterioscl	eroti	c heart	disease	w/ext	ensive	7 yı	.5.
PART 2	OTHER SIGNIFICANT CON									
z 4										
199. DATE	OF OPERATION 19b. C	ONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a AUTOPS	(?		ERE FINDINGS CO	NSIDERED IN C	ERTIFYING
					YES	ио 🔲	CAUSES OF DEA	11H?		
	IDENT WAS UNDERLYING	2 0 10000			HOW INJURY OCCUR	RED (Enter nature	e af injury in Po	rt 1 or Port 2, It	em 18.)	
	TRIBUTING [CAUSE OF DEATH , notify medical examin		Month Day Year							
Z ' U 11931			(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC	(TORY.) 21f.	LOCATION Street of	r R.F.D. No	City ar Tow	n	County	Stote
	certify that (1) (thi	s hasnital) att	anded the decensi	ed fram	June 7	1968	to June	1 19	68 Hint	nd bir shoroic share
16	WATER TOROGONO TOR	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXX a	nd that in (my)	(aur) apinian	death accurre	ed an the dat	e and haur	and from the
60	uses stated abave	, (I) (we) (did)	(did nat) view the	bady afte	r death. `'	`				
22b. SIGN	IATURE (MA	oney m	DEC	ATTENDING	MED	STAFF		ATE SIGNED 6-12-6	58
22d. PHY	2'NATION	1110	O'COY, IN	. 13,00	22e ADDRE	DIRECTOR	R PHAZ		0-45-0	
	or Iv	MOONEY	м. р.			Perry I	Point,	Md.		
230. 8UR:AL, (ATE	23c. NAME OF	CEMETERY O	R CREMATORY	23d	LOCATION (City	or Town)	(County)	(State)
_ Juli	(Specify)	ne 15.1€	SA Bel Ai	r Mem	orial Gar	rlens I	Rel Air	H	arford	1.d
24. FUNERAL	DIRECTOR TOTTE TO	I Com	LOODEAC		. 2:	Sa REC'D BY REGI	STRAR 10 25	. REGISTRAR'S S	IGNATURE	
Madiem	SEETHNOES!	Elone,	white ton,	"Hat."	don, Id.	ATE DOIN 2	- T 1000	1	L'AND	7



30M REV 1/68

REMOVAL (Specify) 24. FUNERAL DIRECTOR Funerals. or

BURIAL, CREMATION

23c. NAME OF CEMETERY OR CREMATORY Gilpin Manor Mem Park

Elkton. Md.

23d. LOCATION (City or Town) Elkton

(County) (Stote) Marvland

2b. HOUR

IE UNDER 1 YEAR

INDUSTRY

12b KIND OF BUSINESS OR

Wolford

BETWEEN ONSET AND DEATH Myn Thy

State

R.Corp.

25o. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATUR

County



ADDRESS

Millington,

2Sb. REGISTRAR'S SIGNATURE

charles

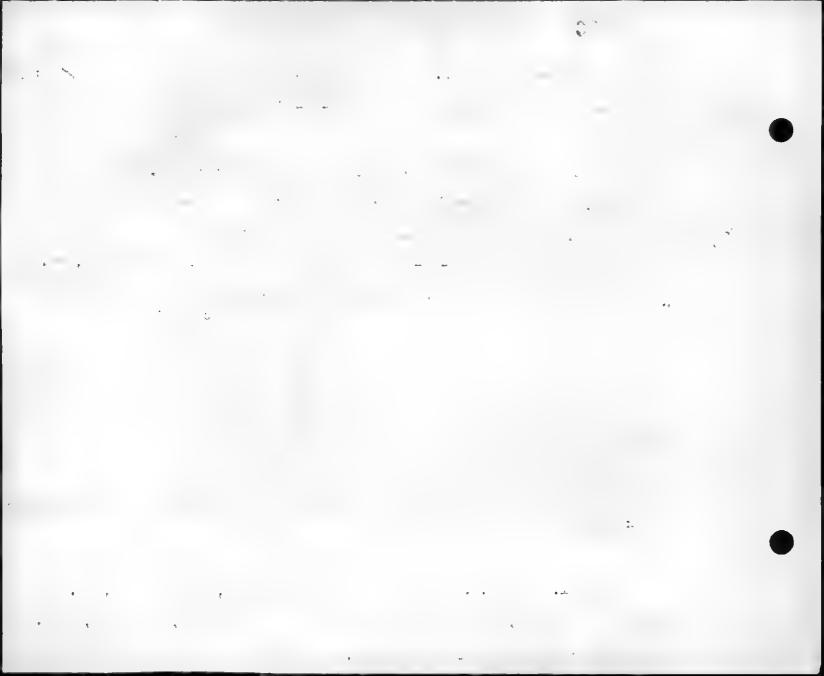
2So. REC'D BY REGISTRAR

24. FUNERAL DIRECTOR

Fellows Funeral Home

VR ATS 4

30M REV.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	6000			(CERTIF	ICATE OF	DEATH				3	1
	ASED NAME	First		Middle		Last		20 DATE OF				2b. HOUR
{ lype	ar print)	WALTE	R	В	FIS	SHER, I	L.		Month O	10-	68 68	1:30A
3. SEX			4. RACE			5. DATE OF BI			6. AGE (In year		JWOER T YEAR	IF UNIOER 24 HRS.
	Male		Wh	ite _	^	9-1	4-06		last birthday	YRS.	NTHS CIAYS	HOURS MIN.
	HPLACE (Stote or	fareign 71	. CITIZEN OF WI	HAT COUNTRY?	8. MARRIE	D 🔀 NEVER MAR	RIED 9	COUNTY OF	DEATH			
country	Perryvi	lle,Ma	ryland	USA	WIDOWE	D 🔲 DIVOR			Cecil			Me
10. CITY	OR TOWN OF DEA	TH	11. N	AME OF HOSPITAL OR INS	I) MOITUTITE	f not in hospital	120. USUAL	OCCUPATION	(Kind of work	done	12b. KIND OF E	BUSINESS OR
Pe	rryville		\$YA	H., Perry F	oint	, Md.	during mas	rat working	Te, even if te	tired.)	INDUST <u>RY</u>	
13c USU		here deceased	liveral of investment	una. Decidence before	13c. CITY	OR TOWN	13d. INSIDE CITY EIMI	TS7 13e. ST	REET AND NUM	BER		
dum 5510	n) STATE Md		13b. COUNTY	Cecil	Perr	yville	YES NO] (i	cil c	624		
14. FATE	HER'S NAME	irst	Middle	Last		15. MOTHER'S MA	IDEN NAME Firs	st	Mi	ddle		Last
		nown					ur	lknown				
16a, W/	AS DECEASED EVER	IN U.S. ARMED	FORCES?	16b. SOCIAL SECURITY N		. INFORMANT				ress		
163,	r gr unknawn)	W	7 11	214-14-7	589	/A Hosp:	rtal Ke	coras	, Perr	y P01		
18.	CAUSE OF DEAT	H (Enter only	ane cause per li	ne far (a), (b), and (c).)						BETWEEN ON	NATE INFERVAL NSET AND DEATH
	PART 1. DEATH	WAS CAUSED B IMMEDIATE	Y: CAUSE (a) _C =	erebral va	scul	ar acci	dent -	hemor	rhage.		minu	utes
	4120		DUE TO, OR	AS A CONSEQUENCE OF								
	inditians, if any, we to immediate i		(b) Hy	pertensiv	re ca	rdiovas	cular o	diseas	e		28 3	rs.
sto	ating the underly		DUE TO, OR	AS A CONSEQUENCE OF								
	st. 44 2 y)		neralized							28 3	rs.
P/	ART 2 OTHER SIGN	IFICANT CONDI	TIONS CONTRIBL	TING TO DEATH BUT NO	OT RELATED	TO THE TERMINAL	. DISEASE ORCO	NDITION GIVE	I IN PART 1(o)			
1 6 L	CES, due	to or	evious	CVA with	righ	t hemip	aresis	. Repe	ated C	U in:	fection	ons.
ĬŠ 196	a. DATE OF OPERATI	ON 195.CO	NDITION FOR WH	EICH OPERATION WAS PE	RFORMED	20a. AUTO	PSY?	20b. If	YES, WERE FIN OF DEATH?	DINGS CONS	IDERED IN CE	RTIFYING
CERTIFICATION						YES	NO 🛣	CAUSES	OF DEATHS			
210	OR CONTRIBUTING		215 TIME O	F INJURY Manth Day Year	21c	HOW INJURY OCC	URRED (Enter n	ature of injur	y in Part 1 or	Part 2, Item	18.)	
肾區	either, natify me	dical examiner	} PM.	19								
- /	ld. ANJURY OCCUR	RED 21e. PL	ACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f	LOCATION Street	t ar R.F.D. Na.	City	ar Town	(ounty	State
at s	hile Nat wh.le wark at wark											
22	a I certify th	at (#) (this	haspital) att	ended the decease	ed from	1-23-6	8 , 19 <u> </u>	, to	6-10	, 19 <u>_6</u> 2	S, XB&K	Abbestate
	couses stat	ed above.	1) (we) (did)	(did not) view the	badv afte	ina mai in (m) ir death.	y) (aur) apini	ion death c	ccurred on	ine date	ana naur c	and from the
22	b. SIGNATURE			16	/			<u>-</u>		22c. DATE	E SIGNED	
	11/15	0/2-	Hach	le Im	the DE	GREE PHYS	IG MEI	ECTOR .	STAFF (X)	Jun	e 10,	1968
22	d. PHYSICIAN'S	7		19		22e. ADD	RESS			1 0 00-1		
	NAME (Type)	L R	HUXTABÍ	E M.D.		VA	H. Per	ry Poi	nt. Ma	ryla	nd	
23a. Bt	JRIAL, CREMATION,	23b, DA		23c. NAME OF	CEMETERY (N (City or Taw		County)	(State)
	MOVAL (Pecify)	6/12	1968	Mt. Eri	n (e	neteru		Havre	de Gna	ce Ho	and one	I Md.
24 SUN	ENAL DIRECTOR	77	7	ADORESS	Perry	ville,	Mora REC'D BY	REGISTRAR	255 REGI	STRAR'S SIG	NATORE	
Le	e A. Pa	tverse	11 8 36	n Funeral	Home	,	DATE JU	N 18	1968	guin	wells &	user.

VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

		08358	2	DIAIDIOM	OF VITAL RECORT	•			IUKE, MAK	TLAND 2120)1	1	72
		20201			1.0	CERTIFI	CATE OF	DEATH					
		CEASED-NAME	First		Middle		Last		2o. DATE OF 1				25. HOUR
		ype or print)	Arthur		William	GI	BBONS,			une Manth	2ºay	1968	0:25 M
	3. SE	X		4. RACE			S. DATE OF I	IRTH		6 AGE (In years last birthdoy)	IF UNI	DER I YEAR	IF UNDER 24 HRS.
		Male		Cauc	asian		Decemb	er 30, 1	1920	idst Diffreday)	YRS. MUNTH	SDAYS	HEURS MIN
	7a B	IRTHPLACE (State a	r foreign 7	b. CITIZEN (DE WHAT COUNTRY?	8 MARRIED	NEVER MA	RRIED 9	COUNTY OF I	DEATH			
	เตบท	Maryla	nd	U.S	.A.	WIDOWED		RCED	Ceci	.1 Count	У		Md.
	10 C	ITY OR TOWN OF D	EATH		11 NAME OF HOSPITAL O	R INSTITUTION (If	nat in hospitol	120 USUAL	OCCUPATION (Kind of work d	one 12t	KIND OF B	BUSINESS OR
4	B	ainbridge	9		give street address Sta	ation Ho	spital	during mast	of working h	fe, even if retir	ed.) INI	DUSTRY Iilita	ary
		USUAL RESIDENCE (Where deceased	lived, if in	stitutian. Residence bef	are 13c CITY O	R TOWN	136. INSIDE CITY LIMIT		EET AND NUMBE	R	T.	Manor
1	agmi	ssian) STATE Ma	aryland	13b. COUN	Cecil	Port I	Deposit	YES NO	201	D Laffe	y Cir	cle,	Heights
1	14 F	ATHER'S NAME	First	Midi	dle Los	;	S MOTHER'S A	ALDEN NAME First	1	Midd	le		Last
		Ar	thur	Will	iam GIBBON	S, Jr.		Cor	a.	Estell	е	BRUC	HEY
		WAS DECEASED EVE			16b. SOCIAL SECUR	ITY NO. 17	INFORMANT			Addre	:55		19352
	Y	esano, ar unknawn) Yes	1942	- 196	217 03	2263	Naval	Training	g Cente	er, Bai	nbride	ge, M	d.
					per line far (a), (b), and	(c).)						APPROXIMA BETWEEN ON	ATE INTERVA. ISEY AND DEATH
		PART I. DEATI	H WAS CAUSED	BY: CAUSE (a)	ACUTE MY	CARDIA	INFAR	CTION				1 hou	
		4100	7		OR AS A CONSEQUENCE	OF							
		Canditions, if any,	which gave)	(h)	CONGESTIV		DISEA	SE					
		rise to immediat stating the under		DUE TO.	OR AS A CONSEQUENCE	OF							
		last. 4201	tying couse	(c)									
			ONIFICANT COND	TIONS CONT	RIBUTING TO DEATH BU	T NOT RELATED 1	O THE TERMIN	AL DISEASE OR COM	(DITION GIVEN	IN PART 1(a)			
	NO	EMPH/	ASEMA	-									
		19a. DATE OF OPERA	TION 19b. CO	INDITION FO	R WHICH OPERATION WA	S PERFORMED	20a AUT	OPSY?		res, were findi	NGS CONSIDE	RED IN CEI	RTIFYING
	CERTIFICAT	-					YES [NO K	CAUSES	OF DEATH?	IA.		
		21a, ACCIDENT W			ME OF INJURY		IOW INJURY OF	CURRED (Enter n	ature of injury	in Part 1 ar Pa	irt 2, Item 1	B.)	
	MEDICAL	or contributing (If either, natify m		HOUR	A.M. Manth Day Y P.M.	ear 19							
		21d INJURY OCCU	RRED 21e P		URY (AT HOME FARM, STREE	1 -	OCATION Stre	et ar R F.D Na.	City	ır Tawn	Cau	nly	State
		While Not what wark	lle 🔲		VORTICE BUILDING, ETC.	1							

DEGREE

ATTENDING PHYS. X.

22e. ADDRESS

MED DIRECTOR

STAFF PHYS.

Arlington

22¢ DATE SIGNED 168

22d. PHYSICIAN'S NAME (Type)

23a.

22b. SIGNATURE

SOL ROCKENMACHER, LT MC USNR BUR AL, CREMATION, REMOVAL (Specify) Burial

23b DATE

NAME OF CEMETERY OR CREMATORY Arlington National

mi

Cemetery

DATE

Station Hospital, NTC, Bainbridge, Md. 23d. LOCATION (City or Town)

(County)

(State) Virginia

VR A15 (4) 30M REV 1/68

director, page 3 should be detached for use os the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Page

Poge 4 may be retained by the hospital or attending physicion

O HOSPITAL

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after

ADDRESS SON, PERRYVILLE, MARYLAND

25a. REC'D BY REGISTRAR

25b REGISTRAR 5 SIGNATURE



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, arremoval, and in any event, within 72 hours after death

30M REV

CERTIFICATE OF DEATH

	Am Am And Am Am													
. DI	CEASED NAME	First		Middle		Last		2a. DATE OF	DEATH				2b.	HOUR
(1	ype or print)	EARI	r.	0.	- (GRIFFIT	H		Manth 6	Doy	3	6068	9:	15am
. SE	v		1. RACE	<u> </u>		S. DATE OF B			A ACE (In w	ACT CO.	IF UNDER	LVEAD	IF UNDER	
. 31						12-14			6. AGE (In ye last birthda	y)	MONTHS	DAYS	HOURS	MIN.
	Male			nite		i		,	72	YRS.				
	BIRTHPLACE (State or for	reign 7b.	CITIZEN OF WHAT	COUNTRY?	8. MARRI	ED 🔲 NEVER MAI	RRIED	9. COUNTY OF	DEATH					
.oui	Sterling	.Col.	U.S.A.	•	WIDOW		RCED 🏋	Cec	il					Md.
0. (ITY OR TOWN OF DEATH		11 NAMI	E OF HOSPITAL OR I	NSTITUTION (If not in hospital	12o. USU.	AL OCCUPATION	l (Kind af war	k done		CIND OF E	BUSINESS	OR
τ	Perry Poin	+		er oddress) erans Ac	ami ni	stratio:	n during m	iost of working	life, even if ri	stired.)	INDU	STRY		
	USUAL RESIDENCE (Whe					OR TOWN	13d INSIDE CITY L		TREET AND NUM					
	ssion) STATE		13b. COUNTY	/		ington	YES 🗍 N	0□ 92	OFS	ree	t, l	W		
4.	ATHER'S NAME Firs	ct	Middle	Lost		IS MOTHER'S M	A:DEN NAME			ıddle			lost	
.,		rtin		Griff:	th(D		Mar				Gri	ffi	th	(D)
lén.	WAS DECEASED EVER IN		FORCES?	65 SOCIAL SECURIT		7 INFORMANT	- +044	7	A.c.	ldress				
ì	es, no, or unknown)	(If yes give wor or	dates of service)	79-28-7		VA Hosp	ital R	ecords			oi nt	. M	d.	
=	es	WW.				VA HOOD	1001	.0001 45	1	<u></u>		APPROXIA	LATE INTER	
	18 CAUSE OF DEATH PART 1. DEATH W.					Α						ETWEEN OF	eset and E	DEATH
		IMMEDIATE		Pulmonar	y Edei	ma, Acu	te.							
	4129		, -	A CONSEQUENCE O										
	Conditions, if ony/whi rise to immediate co		(b)	rterios	clero	tic Coro	nary H	leart Di	sease					
	stating the underlyin		DUE TO, OR AS	A CONSEQUENCE O)F									
	last)	(c) A:	rteriosc	leros	isGene	ralize	d.						
	PART 2. OTHER SIGNIF	ICANT CONDIT							N IN PART 1(a)	۸.,		-	
	1		Cle	erebral .	Arter	tosclero	sis. S	evere.						
0	190, DATE OF OPERATION	N 195. CON		OPERATION WAS I		20a. AUTO			F YES, WERE FII	NDINGS (ONSIDER	ED IN CE	RTIFYING	3
3						YES X	NO [CAUSE	S OF DEATH?	4	(es			
ERI	21a. ACCIDENT WAS U	NOER) YING	21b TIME OF !!	MICIOY	21/	. HOW INJURY OC			or in Bort 1 or				-	
AL (OR CONTRIBUTING CA			Manth Day Yea		HOW INJURI OC	COKKED (EIIIE	el lioiore oi miu	ity in rott i di	ruii 2,	Helit 10.			
MEDICAL	(If either, natify medic	(al examiner	P.M.		19									
Ξ	21d INJURY OCCURRES	21e. PLA	CE OF INJURY (A)	T HOME, FARM, STREET, I FF CE BUILDING, ETC	FACTORY, 21	E. LOCATION Stre	et or R.F.D. No	o. City	or Town		Count	У	5	tate
	While Not while at wark	J									60			
	22a. I certify tha	t xtx (this t	nospital) atten	ded the deceo	sed from.	Oct. 4	, 196	06_, to_0	une 5	, 19	00			180K (6
	SOME PROPERTY OF THE PROPERTY	eas ecixative	XXXXXX	xxxxxx	XXXXX	and that in (m	ıy) (our) op	union deoth	occurred on	the do	ote and	hour	ond fro	m the
		d abave, (I) (we) (did) (d	id not) view th	e bady att	er death.								
	22b SIGNATURE	1		0 00	_	ATTENDI	NG - /	MED -	STAFF	7	DATE SIG	NED		
		l·L.	rroon	<u> </u>) D	EGREE PHYS		DIRECTOR L	PHYS. X	<u> </u>	6-3	<u>-68</u>		
	22d. PHYSICIAN'S					22e. ADI								
	NAME (Type)	A. L.	MOONEY,	M.D.			. Новр	ital, I	erry	Poir	it,	Md.		
?3a		235 DAT		23c MANE 0	F CENTETERY	OR CREMAZIN	11/1	23d. LOCAT	ON (City or To	wn)	(Coun	ty)	State) /
K	REMOVAL (Specify)	1/65	7-196	8 /1/16	Fores	11/64	dies.	(In	Ita	7000	1	1		
24	FUNERAL DIRECTOR	11/2	1	ADDRE	55		2So REC D E	BY REGISTRAR	2Sb REG	ISTRAR S	SIGNATI	JRE .	17	
B	24 4 20	Mosti.	Home.	Perryy	Affin	. Md.	DATE JL	JN 11	1968	Me	arla	1 Qu	colos	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME Middle 2a. DATE OF DEATH First Last 2b. HOUR (Type or print) era deat S. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR 3. SEX lost birthday) MONTHS ! event, within 72 hours to COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? PHYSICIAN: The law requires that the death certificate be executed within 24 hour MARRIED TO NEVER MAKRIED (auntry) filled in DIVORCED DO WIDOWED [12a USUAL OCCUPATION (Kind of work dane NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during mast of working life, even if retired)

HOME HOLSE WORK give street address) **INDUSTRY** 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13b COUNTY YES NO burial, cremation, ar remaval, and in any 14. FATHER'S NAME Middle Middle 15. MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (if yes give war or dates of service) Yes, na. ar unknawn) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Arterio sclerosi Conditions, if any, which gave) **burial-transit** rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior tak this certificate has been CERTIFICATION 19a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES | NO 🖂 Health | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at work 220. I certify that (I) (this haspital) attended the deceased from 1967, and that in (my) (aur) apinian death occurred an the date and haur and from the couses stated above, (1) (we) (did) (did not) view the body after death. O FUNERAL DIRECTOR: 22b. SIGNATURE () 22c DATE SIGNED ATTENDING PHYS. MED. DIRECTOR 6-13-68 directar, page 3 shauld be filed v DEGREE 22e. ADDRESS 22d, PHYSICIAN'S NAME (Type) 23d LOCATION (City of Town) 23a BUR A CREMATION, (County) (State) REMOVAL (Specify) JUNE 68 2Sb. REGISTRAR'S SIGNATURE 24_FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68 DATE JUN



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remarks serian papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

					CEKIII	ICAIL OF DEA	IM			
portal, demainad, of femoval, and in ady eveni, within 72 maps after deams.			CEASED-NAME ype or print) WAL	TEC J.		HINES.	20 DATE OF	Month 2 Doy	68 year	25 HOUR
		3. SE	X	4 RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS OAYS	IF UNOER 24 HRS HOURS MIN.
]	Male	White		Aug. 18,	1894	lost, birthday) 73 YRS.	MUNIOS VAIS	RUUKS min.
		7o E		7b. CITIZEN OF WHAT COUNTRY?	8. MARRI	ED 😿 NEVER MARRIED 🔙	9. COUNTY OF	DEATH		
		ÇOUI	EREXX Md.	USA	WIDOW					Md
-	4		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II give street address) Unic	NSTITUTION (If not in hospitoi 120	. USUAL OCCUPATION	(Kind of work done life, even if retired)	INDUSTRY	F BUSINESS OR
		13a.	USUAL RESIDENCE (Where deceose	ed lived, if institution: Residence before	13c. CITY	OR TOWN 13d. 1NS10		REET AND NUMBER	110	04.00
	77	odmi	ssion) STATE Marvland	13b. COUNTY	Nort	h East YES	NOK R.	D. 2		
	1	14. F	ATHER'S NAME First	M.ddle Lost		15 MOTHER'S MAIDEN N	AME First	Middle		Lost
			Phillip Hin	es		Albertha L	illey			
		lóc.	WAS DECEASED EVER IN U.S. ARME	and the same of th		7 INFORMANT		Address R	.D. 2	
		ľ	es no, or unknown) (Il yes give wa	183-26-02	266 F	lorence M.	Hines	North	East,	Md.
			18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if only, which gove rise to immediate couse (a), stoting the underlying couse lost.	y one couse per june for (o), (b), ond (o BY- TE CAUSE (o) ARCENT DUE TO, OR AS A CONSEQUENCE O (b)	F F F	IN Tur	1 · K, C	ecun		OMSET AND GEATH
			PART 2. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED	TO THE TERMINAL DISEAS	E OR CONDITION GIVE	N IN PART 1(o)		i
	2	CERT.FICATION	5/24/68 C	ONDITION FOR WHICH OPERATION WAS F		20a. AUTOPSY?		YES, WERE FINDINGS CO OF DEATH?	ONSIDERED IN (ERTIFYING
		MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH (If either, notify medical examine	HOUR A.M. Month Day Yeo er) P.M.	19	HOW INJURY OCCURRED	, ,	ry in Part 1 or Part 2, 1	tem 18.)	
		M	While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET F OFFICE BUILDING, ETC.		LOCATION Street or R.F.		or Town	County	Stote
			saw the deceased ali	s haspital) attended the decea ive an (I) (we) (draf) (this pat) view the	19.62	and that in (my) (pei	19.66, ta apinian death (te and haur	t (1) (we) las and fram the
			226 SIGNATURE	Tenhi	D	EGREE PHYS.	DIRECTOR	STAFF PHYS 22c	DATE SIGNED	68
	1	,	22d. PHYSICIANS NAME (Type)	A. Fisch		22e. ADDRESS	tTON,	md.		
1	9	В		5-68 North	East N	or (REMATORY Methodist	North			(State) Md.
	68	24.	FUNERAL DIRECTOR	P. Vinneck, ADDRES	Box 2	2 2Sa. R	EC'D BY REGISTRAR	2Sb. REGISTRAR S	SIGNATURE	del
1	68	Gr	ant Funeral Hon		th Ea	st, Md. DATE	JUN 4 1	968 <i>fills</i>	Lan	0



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1 and 2/

Por The

s. es 1 and 2 hours affer death. funeral

10 HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the dmath contificate be executed within 24 hours after death.

Page 4 may be retained by the haspital at attending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

		CEASED-NAME	First	Middle		Lost		20. DATE OF DEATH			2b. HOUR		
	(1)	ype or print)	Mary	Α.	Holl	ett		June	8,7868	Yeor	6 P _M		
	3. SE	X	4 RACE			S DATE OF BI	IRTH	6. AGE (I		UNDER 1 YEAR	IF UNDER 24 HRS		
		Female		White		Octo		1885 6582	hday) MO YRS.	NTHS DAYS	HOURS MIN.		
	7o. B	BIRTHPLACE (Stote or fore	ign 7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MAR	RIED 9	COUNTY OF DEATH					
	coun	^{iry)} Delawar	e [JSA	MIDOMED	DIVOR	RCED 🔲	Cecil			Md.		
1	10. C	ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR I			during mos	OCCUPATION (Kind of a		12b. KIND OF INDUSTRY	BUSINESS OR		
1	10-	Elkton	. d	I Union Ho	ospita	TOWN		usewife	WILLIAM TO				
7	odmi:	ssion Marylan	13b. COL	UNTYCecil	Elkt		ASE WRIDE CITA FING		tton RI)# 4			
1		ATHER S NAME First		ddleSweeneyast	19	. MOTHER'S MA	AIDEN NAME Firs	st .	Middle		Lost		
1		M:	ary	A Holle	ett	S	ara Ja	ne Quinn					
	160.	WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECURITY		NFORMANT			Address				
	Y	es, po, or unknown) ("	yes give wer or dates of ser	222-09	-6797	Mrs	Harvi	n Onizuk	Elkto	on, Md	.RD# 4		
		18. CAUSE OF DEATH (Enter only one couse	per line for (o), (b), and (c).)						MATE INTERVAL INSET AND DEATH		
	П	PART I. DEATH WAS	CAUSED BY: IMMEDIATE CAUSE (o	1100 - #	Con	ia							
		197.1		O, OR AS A CONSEQUENCE O	IF.	-							
		Conditions, it only, which gove) as (Mes is a Mes) of the Siller (1-) willer											
		rise to immediate couse (a), (Stating the underlying course) DUE TO, OR AS A CONSEQUENCE OF											
	Ш	lost	(o Carrino	un of	illy	and,	trues or	John	1-0	enettes		
		PART 2 OTHER SIGNIFIC	ANT CONDITIONS COL	NTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINA	L DISEASE OR CO	NDITION GIVEN IN PART	1(0)				
	z l	1115											
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION WAS I	PERFORMED	20a. AUTO	PSY?	20b. IF YES, WERE CAUSES OF DEATH		IDERED IN C	ERTIFYING		
Ł	XTIF					YES 🗀							
		210. ACCIDENT WAS UN		FIME OF INJURY R.A.M. Month Day Yea		DW INJURY OCC	CURRED (Enter t	noture of injury in Port	l or Port 2, Item	18.)			
	MEDICAL	(If either, notify medica	examiner)	P.M.	19								
	₹	21d. INJURY OCCURRED While Not while	21e. PLACE OF IN	JURY (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	FACTORY.) 21f. LC	OCATION Stree	et or R.F.D. No.	City or Town	(County	Stote		
		lat work — ot work —				D-11 17							
		22a. I certify that	(I) (this haspital	l) attended the decea	sed from	d that is /m	, 19 <u></u> ,	ian death occurred	, 19 <u></u>	, that	(I) (we) last		
	П	causes stated	abave, (I) (we)	(did) (did not) view the	e bady after	a mai m (m death.	у) (аот) артп	iuii deuin occurred	an the date	ana naur	and from the		
	Ш	22b. SIGNATURE	1 0	1.			100			E SIGNED			
	Ш	Julian	rle- 6	apen	L DEGR	ATTENDIN REE PHYS.		D. STAFF PHYS.	□ Jui	ne 10	,1968		
1	Н	22d PHYSICIAN S		l .		22e. ADD		Indiana Managa	-7 A				
{		/ NAME (Type)		Nejema			<u> </u>	kton, Mary	Tand				
	230.	BURIAL, CREMATION,	23b. DATE		F CEMETERY OR			23d LOCATION (City or	,	County)	(Stote)		
		PER AWE	June		hester	-Beth		Wilming	ton, De	elawa	re		
	24	FUNERAL DIRECTOR		ADDRES	22	()	2So REC'D BY		REGISTRAR'S SIG				
	1	(. (rules	1 march	- XX	(all) the	(DATE JU	N 1 2 1968	your	res J	-		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papel should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 74. VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20 DATE OF DEATH 25 HOUR requires that the death certificate be executed within 24 hours after death. (Type or pnnt) 3. SEX S. DATE OF BIRTH 6 AGE (In years IF LINDER 1 lost birthday) MONTHS DAYS HOLRS P COUNTY OF DEATH 70 BIRTHPLACE (State or foreign OF WHAT COUNTRY? country) physician and completely filled in DIVORCED | crematian, or remaval, and in any event, within 72 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) INDUSTRYcarbon 13a STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? admissian) STATE 13b. COUNTY YES I'M remave 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle NEO please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no pr unknown) ELKM n signed by the attending physie burial-transit permit. Then pla a burial, crematian, or removal APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and BETWEEN ONSET AND-BEA PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. stating the underlying couser PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be detached far use as the State Dept, af Health priar ta has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY State Street or R.F.D. No. City or Town County While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from 19 and that in (my) (aur) apinion death accurred an the date and haur and fram the saw the deceased alive an. directar, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type 28b. DATE 23€. CREMATORY LOCATION (County) < FUNERAL DIRECTOR BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE



CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR death requires that the death certificate be executed within 24 hours after death (Type or print) Month 10:10P T.YMAN LITTLEFIELD KING 6 AGE (in years 3. SEX 4 RACE S. DATE OF BIRTH **JE LUNDER 1 YEAR** IF UNDER 24 HRS. 76 birthday) MONTHS 4-5-92 White Male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED T NEVER MARRIED country) WIDOWED [DIVORCED TY Cecil U.S.A. D. C. the attending physician and campletely filled sit permit. Then please remave carban pape Pag I 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR veterans Administration Ret. Policeman INDUSTRY event, wit Perry Point 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. UNSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE irginia 13b COUNTY Arlington YES [] NO TO 3138 10th Street, Apt.2-1 burial, crematian, ar remaval, and in any 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME First Middle First Middle Lost (D) King (D) Mary Ford James 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address (If yes give wer or dates of service) Yes, no, or unknown) WW I 229-44-7678 WA Hospital. Perry Point, Md. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) Pulmonary BETWEEN ONSET AND DEATH Pulmonary Edema, Acute DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove a Congestive Heart Failure burial-transit rise to immediate couse (a), signed by t DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Arteriosclerotic Coronary Heart Disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 as the prior tat has been Pulmonary T.B. Active. Far Advanced. 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? TENDING PHYSICIAN: The YES-FX NO [of far use of Health p Yes Page 4 may be retained by the haspital or O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS LINDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) be detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. State Dept 21d. INJURY OCCURRED City or Town County Stote While Not while at work 19 68 to June 2 19 68 xxxxxxxxxxx 22a. I certify that (this haspital) attended the deceased from May 22 saw, the deceased above and accoursed an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death. 3 shauld t with the S 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** MED DIRECTOR M. DEGREE director, page 3 should be filed v PHYS PHYS. 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) A. L. MOONEY, M.D. VA Hospital. Perry Point, Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BUR AL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify)
Burial Washington, D. C. Oakhill Cemetery ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

VR A15 (4) 30M REV, 1/68

Ives Funeral

Home.

Wilson Blvd., Arlington, VANN

Clarles Jurge



death.

after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. Page 4 may be retained by the haspital ar attending physician.

offer death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

...9

	ECEASED NAME	First		Middle		Lost			ATE OF DEATH			2b. HOUR
(Type or print)	ANDR	LEW .	W.	MAI	R			June 20, 19	96 ⁸⁹ ₹	Yeor	3:40 In
3. \$	EX		4. RACE			S. DATE OF I	BIRTH		6. AGE (In yea		UNDER I YEAR	IF UNDER 24 HRS.
	Male		Whit	e		10/9	/07		last birthday	YRS, MO	NTHS DAYS	HOURS M.N.
70.	BIRTHPLACE (Stote o	r foreign	76. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	P - 1		9. COU	NTY OF DEATH			
cou	otry)Scotlan	ıd	USA		WIDOWED		RCED TX		Cecil Co	ounty		Md
10.	CITY OR TOWN OF D	EATH	11. NA	ME OF HOSPITAL OR IN	ISTITUTION (If no			L OCCU	PATION (Kind of work		12b. KIND OF	
	erry Poin		give s	VA Hospit	al		during ma	bor	orking life, even if ret	ired.)	INDUSTRY	
13c	USUAL RESIDENCE (Where deceos	ed lived, if instituti 13b, COUNTY	on: Residence before	13c, CITY OR	TOWN	136. INSIDE CITY LIA		13e STREET AND NUME	ER		
P	ssion) STATE ennsylvan	ia	Montgo	omery	Ardmor	e	YES NO		209 Marlb	oro R	oad	
14.	FATHER'S NAME	First	Middle	Lost	15.	MOTHER'S A	AIDEN NAME F	rst	Mic	ldle		Lost
		Allan	Mair				Euphre	enia	a Wilson			
16a	WAS DECEASED EVE	R IN U.S. ARA	AED FORCES?	16b. SOCIAL SECURITY	'NO. 17. IN	FORMANT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Add	ress		
l '	Yes, no, or unknown) Yes	(If yes give w	var or dates of service)	160-03-55	23 VA	Hosp	ital Red	core	is. Perry	Point	. Md.	
F				e for (a), (b), and (c							APPROX I	MATE INTERVAL
	PART I. DEATI	H WAS CAUSED	BY:	Cardiac	Arrest						Sudd	en lear
	/	1MMEDIA	ATE CAUSE (a)				0 41-2 -1					
	Conditions, if ony,	which gove t							cous mater	lai		
	nse to immediate	e couse (a) [(b) 11	to lungs	ouring	a cou	gning_e	:p1.8	loge			
ш	stoting the under	lying couse	DUE TO, OK A	a constituence of	rostop	erativ	re statu	ton	right radi	.cai		•
1	mercura .	CAMERICANT COA	(C) III	DECK OTBOCK	S CABLE	SUL TERMIN	IL DILLERE OF C	OUTION	N GIVEN IN PART 1(0)	140		
	PART 2. OTHER SIG	SHIFICARIT COR	IDITIONS CONTRIBU	HAD TO DENILL DOL 1	NOT KEDATED TO	THE LEKMIN	AL DISEASE ORCC	ONDERE	M GIVEN IN PAKE (O)			
S	190, DATE OF OPERA	TION TION	COMPITION FOR WILL	CH OPERATION WAS P	EDECODATED	20o. AUT	Decva		20b. IF YES. WERE FIND	MNCS CONS	INCREM IN C	COTIEVING
18	170. DATE OF OPERA	170.	COMDITION FOR WITH	CH OPERATION WAS P	EKTOKMED				CAUSES OF DEATH?	mads coms	IIVEKED IN C	KHITING
CERTIFICAT	21o. ACCIDENT W/	C HAIDEDLYIN	(C. 1011 1011 1011		10. 110	YES	_					
	OR CONTRIBUTING		2.10 1	Month Day Year	216. HU	W INBURY O	CURRED (Enter	noture	of injury in Port 1 or 1	ort 2, Item	n 18.)	
MEDICAL	(If either, notify m	nedicol exomin	ner) P.M.		19							
25	21d. INJURY OCCU		PLACE OF INJURY (AT HOME FARM, STREET FO	ACTORY) 21f. LO	CATION Str	et or R.F.D. No.		City or Town	(County	Stote
	While Mot who	k —										
	22a. I certify	that 🕦 (th	is haspital) atte	ended the deceas	sed from_M	y 21,	, 19_€	8-	oJune 20,	_, 19_61	s,xbax	
	causes st	ated abave	(did)	(diploid) view the	bady after d	that in (r eath	ny) (our) opir	nion d	ta Jime 20, eath occurred on t	he date	and havr	and fram the
ı	22b. SIGNATURE	1 1 ~		A				ED.	STAFF C		E SIGNED	
		J. L. I	MEON	eud	DEGRE	E PHYS.		RECTOR		Ju	ne 21,	1968
	22d. PHYSICIAN'S			γ,		22e. AD						
	NAME (Type)	A. L.	MOONEY, 1				, Perry	Po	int, Md.			
230	BURIAL CREMAT OF	N, 23b.		28 NAME OF	CEMETERY OR	REMATERY		23d.	OCATION (City or Town	1) [(County)	(Stote)
1	REMOVAL (Specify)	JUN	VE 22, 1969	1 tgrest		Com		1	hila.			96.
24.	FUNERAL DIRECTOR	Pinaa	wood Mule	ADDRES	S		250 RECD BY	Y REGIS	5 1968 REGIS	TRAR'S SIG	NATURE	
I I	Madiso	n Mite	hell. Hay	me de Gri	ace. Md	_	I JHIN	4	5 1968 <i>0</i> 4	May	Can you	442

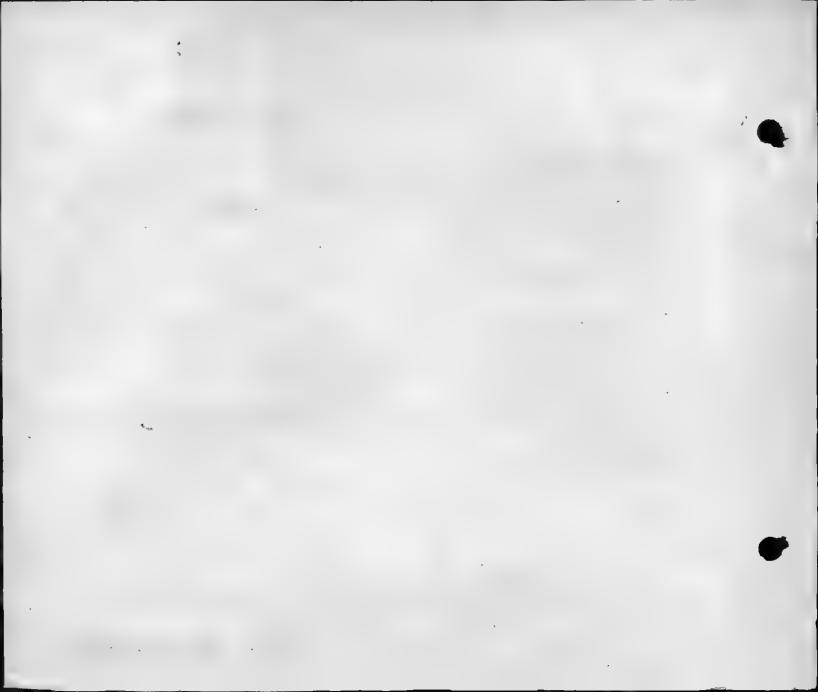
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in (by the director, page 3 should be detached far use as the burial-transit permit. The please remave carban papers. Pages shauld be filed with the State Dept. at Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs? VR A15 (4) 30M REV, 1/68



funeral feath. Page 4 0 VR A15 [4]

15M 7-62

BALTIMORE 1. MARYLAND 7/4/68 vmp I. PLACE OF DEATH RESIDENCE (Where deceased lived, if Institution, Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporata limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RURAL and give nearest town 1 Wand Ween . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS ON A FARM? YES NO NAME OF Middle 4. DATE Month DECEASED OF (Typa or print) DEATH 1960 IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years) IF UNDER I YEAR inst birthday) Months WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10s. USUAL OCCUPATION IGive kind of work 10b. KIND OF BUSINESS OR INDUSTRY dona during most of working life, even if ratired) outractor 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) i (Ifyesgive war or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Entar only one cause per line for (a), (b), and ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) gaya rise to immadiata cause DUE TO (a), stating the underlying causa last. PART II, OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING | CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY factory, streat, offica bldg , atc.) Not Whila While Hour a.m. al work at work19.68., and that death occurred at//30PM, from the causes and on the date stated above saw the deceased alive on 15 22b. DATE ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS NAME (Typa) BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Spacify) ADDRESS



& Sons. Perryville, Maryland

DATEJUN 28

1968

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 30M REV. 1/68

e. executed within 24 haurs after death

requires that the death certificated

signed by

has been s

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death.

ofter death

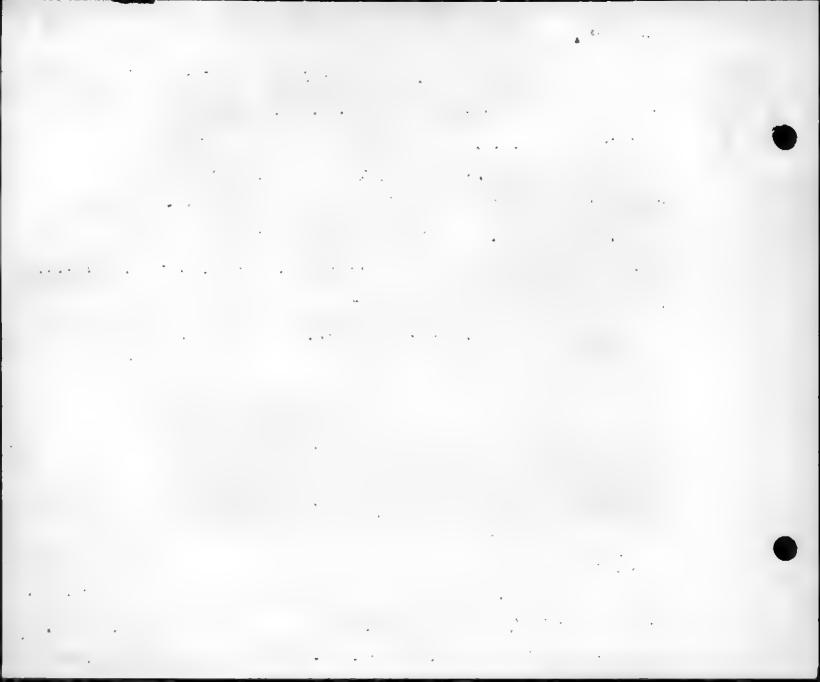
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached far use as the burial transit permit. Then please remave carban page shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within A

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	-											
I. DECEASED-NAMI	First		Middle		Last		2a. DATE C		Davi	٧.		2b. HOUR
(Type or print)	Viol	a	M .	1	Martir	1	J	une	28	18	968	3 15/ph
3. SEX		4. RACE		S	. DATE OF BIR	TH -		6. AGE (In years last birthday)		F UNDER 1 '		F UNDER 24 HRS
Female		Whi	ite		Nov.	13, 1	1918		YRS.	DM: U2	1014.13	PERSONAL MANAGEMENT
7o. BIRTHPLACE (S	tote or foreign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MARR	IED 🗍	9. COUNTY O	F DEATH				
Virgini	a	U.S.A		WIDOWED [Cecil				Md
ID. CITY OR TOWN		give s	AME OF HOSPITAL OR INS street oddress) 1101 Hosp	•	in hospitol	during m		N (Kind of work d glife, even if retir		12b KIN INDUST		USINESS OR
13a USUAL RESID	NCE (Where decease	sed lived, if institut	an, Residence befare	13c CITY OR T	OWN :	3d INSIDE CITY I		STREET AND NUMBE	R			
odmission) y AAI	ind	13P COLMINE	cil	Elkto	n	YES N	0 🔭	R.D.				
14. FATHER'S NAM		Middle	Lost	15. 1	MOTHERS MAI	DEN NAME	First	Midd	lle			Lost
	John	Α.	Cox			M	ay					Poe
160. WAS DECEAS	D EVER IN U.S. ARI	WED FDRCES?	16b. SDCIAL SECURITY I	ND 17. INF	ORMANT			Addre	ess			
res, no, or unk	nown) (If yes give v	var ar danis ar service)		Ro	scoe	L. M	artin.	Elkto	n. J	Md.	R	D
18. CAUSE	OF DEATH (Enter or	ily ane cause per lir	ne far (a), (b), ond (c).)								TE INTERVA. ET AND DEATH
PART I		D BY: ATE CAUSE (o)	UREN									
I"	THATED!	DUE TO, OR A	AS A CONSEQUENCE OF									
	f ony, which gove	(4)	Chain.	14 61	more	done	wha!	715		5	701	tes -
	ediate cause (a), l underlying couse(AS A CONSEQUENCE OF			,						
lost.	didenting couse	(c)										
PART 2 OT	ER SIGNIFICANT CO	NDITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED TO T	THE TERMINAL	DISEASE OR	CONDITION GIV	EN IN PART 1(o)			-	
z 4	,											
190 DATE OF	DPERATION 19b.	CONDITION FOR WH	ICH DPERATION WAS PE	RFDRMED	20a AUTOP	SY?	20b.	IF YES, WERE FINDI	NGS CON	SIDERED	IN CER	TIFYING
Ĕ	}				YES 🔽	NO _] CAUS	ES OF DEATH?	29			
	NT WAS UNDERLYING CAUSE OF DEA				V INJURY OCCU	IRRED (Ente	er nature of in	jury in Part 1 or Po	art 2, Iter	m 18.)		
☐ OR CONTRIB	tify medical exami	ner) P.M.	19	3								
T 21d INJURY	OCCURRED 21e.	PLACE OF INJURY	AT HOME FARM STREET FAR OFFICE BUILDING, ETC.	TORY.) 21f. LOCA	ATIDN Street	ar R.F.D. No	o. Cir	ly or Town		County		State
While	at work											
22a. 1 ce	tify that (I) (#	is-hospital) otte	ended the decease	ed from	AN	, 19.4	68_, to_	PRESENT	, 19		thot (1) (sweet) las
SOW	the deceased a	llive on <u>~₹ ⊊ ≯ (</u>	(did not) view the	Y <u>.€∂C</u> , ond hody after de	that in (my) (ont) ob	inion death	occurred on th	ie date	and h	iaur or	nd from the
22b. SIGNAT		o, (I) (We) (ula)	(MILL HOL) VIEW THE	body direi de	APTIE,				22c DA	TE SIGNS	FD	
	A sal	15/	2-2-1	DEGREI	ATTENDING PHYS	্য ব	MED. DIRECTOR	STAFF D				1968.
22d PHYSIC	IANS		0	DEDICE	22e. ADDR		DIRECTOR -	, LUIS, 175 (×0	J- 10-3	//	1 100 1
NAME (T	rt L. G	rav				edica	l Park.	Cl	kto	n.	174.
23o BURIAL CRE				CEMETERY OR C				ION (Lity or Town)			_	(State)
BENDAME		30/68		Cemete			1	ependen			,	(
24. FUNERAL DAR		E 8/	ADORESS			2Sa REC'D	BY REGISTRAR	2Sb. REGIST	TRAR'S SIC	GNATUR	E E	
Hicks	Tome I	or Fune	rals. El	kton.	Md.	DATEUL	- 3 19	68 you	arle	44	angely.	-

VR A15 (4) 30M REV 1/68

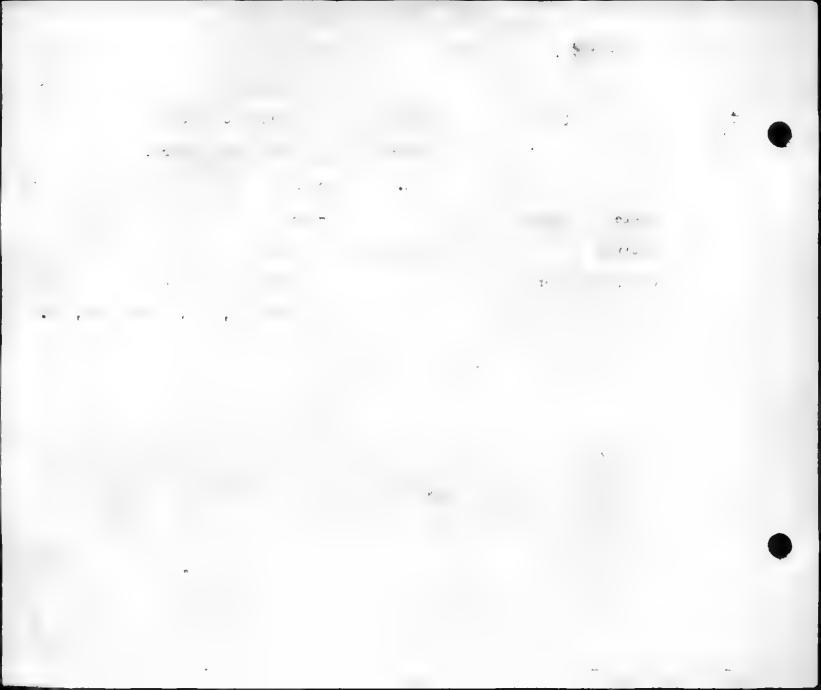


L	60000	2/	MED	ICAL EXAMINE	K 2 (EKHIFICALE	OF DEATH			* 3
	PLACE OF DEATH	_				2 USUAL RESIDENCE	(Where deceased	lived, if institution		efare admission)
	Cecil			MARYLAN		o. STATE Mary	land		H	arford
	b City or Town (If outside corporate I mi	ts,	C LENGTH OF STAY IN 1	b	c CITY OR TOWN (IF	autside corporate l	imits, write RUR!	AL and give nec	rest town)
	Perry	d give neorest tawn) Point	_	D.O.A.			e de Gra	ac e		
	d. NAME OF HOSPIT	AL OR INSTITUTION (If r	at in hospital, g	give street address)		d STREET ADDRESS				e S RESIDENCE ON A FARM?
7	<i>leterans</i>	Administr	ation	Hospital		354	Bourbon	Street		YES NO 🔀
3	NAME OF DECEASED	F	irst	Middle		Last	4 DATE OF	Month	_	Day Year
L	(Type or print)	IAVI	T	M.	-	McMULLEN	DEATH		6	10 1968
5	SEX	6 COLOR OR RACE		NEVER MARRIED	3 8			GE (In years)	Manths Day	
L	Male	White	WIDOWED	DIVORCED [5-28-06	62	≥ yrs		
	i USUAL OCCUPATION	(Give kind of work dans		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (Sto	ate ar fareign caunt	rγ)	12 C T ZEN COUNTR	
I	Retired			PER LEADER		MO			US	A
1	FATHER'S NAME					14. MOTHER'S MAIDE				
1	Oscar Mc	Mullen	T		17 11		Richard			
()		RIN S ARMED FORCES: (If yes give war ar dates		SOCIAL SECUR TY NO.		IFORMANT		Addres		
_	no				0s	car McMul	len, Soi	ı, Risi		
		EATH (Enter only one co TH WAS CAUSED BY.	1787	0 0 0 0 0	11.	#373 va /A	1 4 5 0			INTERVAL BETWEEN ONSET AND DEATH
	,	IMMED ATE CAUSE	p.	1 SHING	1-4	CHO IN	NUILY			1481.
	Conditions, if any		10	1.40-3 671			1.120	^		1100
	nse ta immediat	e couse (a), ((b) <u>den (b) 7 /</u> E 10	DEX THE	6_()	ne en	Pres	/		100
	stating the unde	rlying couse	(4)							
		CMIEICANT COMMITIONS	CONTRR TELC 1	TO DEATH BUT NOT RELATE	ח וח דו	HE TEDMINAL DISEASE (CONDITION C VEN II	N PART I(a)		19 WAS AUTOPSY
100	3/0 2	GHITCAN CONDITIONS	CONTRIBUTION OF	O DEATH BUT NOT KEENE	D IO II	IL ILKANIYAL DISCASE A	COND TON G TEN I	T PART I(U)		PERFORMED?
12	20a EXTERNAL CA	SE WAS	I 20h DE	SCRIBE HOW INJURY OCCU	DD FD (E	Enter nature of indust	in Part or Part II	of item 181		IE NO YE
CERTIFICATION	PRIMARY OF CO	NTRIBUTING	72.	TENT I A A		OKE TO	- F71.7	1000	2-1)	
ਤ	`	URY Month, Day, Year	20d	NURY OCCURRED 20	e P.ACI	E OF INJURY (Hame, for	orm. 20f (0	ty or town)	((dheth)	(State)
MEDICAL	Hourage	m sl.		Not While at work	. fgcto	ry, street, office bldg , e	etc) (De	EYLKE!	\	-4 16
		7/2		nains described abay		d on Autonoy	Inspection	4		and in my opinia
		ted from Natur		Accident .	Su cic	. — '' —	-	etermined mo	′ —	ind in the opinion
	degiii resor		OI (doses [_	J. Reddern	30 (10		AL EXAMINER		miles []	
	ACTUAL SIGNATURE	· 4+62		4670			MED CAL EXAMINER			22. DATE SIGNED
	EXAMINER'S	(1).			DEPUTY MFD	CAL EXAMINER	1		910/18
	NAME (Type)	HEND D	4 1.1	AL (S 17C		LAHOPSYTT	eet buy nowa or	Depty (C	(174	174
23	o. BURIAL, CREMATIC REMOVAL (Specify	1		23c NAME OF CEMETER	YORC	D		ION (City or Tow	m) (Cou	inty) (Stote)
L	- Kemo√	ai ol	0 68	ROCK RON	<u></u>	EM.		ORD	Co	Mo
2	FUNERAL DIRECTO	R UMIT	n 41	ADDRESS	di	25a. R	CD BY REGISTRAR	968 ^{25b}	THE PARTY OF	menoge

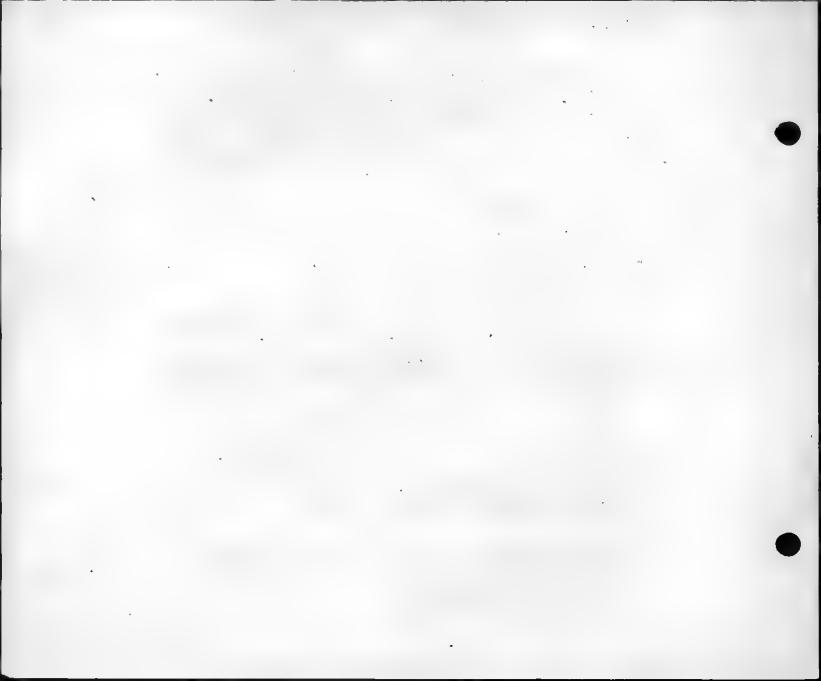
FOR STATE HEALTH DEPT. eg ent af necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with fayar TO DEPUTY MEDITAL EXAMINER: This certificate should be executed within 24 haurs after death 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a bunal transit permit. File pages 1 and 2 with the State Health priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

VR A15ME (3)







	27.2 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	6
HEAL/NH/IDEPT.	1 DECEASED NAME First Middle Last 2a DATE KNOWN Month Doy Year	25 HOUR
~ ~ ~ ~	(Type or Print) Tomas OF ESTI- 6 7	
2 2 2	3 SEX 4. RACE S. DATE OF BIRTH 36. AGE (In years 1. F JMOER 1. VEAR 1. IN UNDER 24 MES 21. DATE PRONOUNCED DEAD	Noon
a. P.	J. DATE OF DIKITY	2d. HOUR
P. G. P. G. T. P. G.	1104, 10, 170/	
ep	76. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	PM
form form	Cecil County WIDOWED DIVORCED Cecil County	Md
	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUT	INESS OR
wir wir	Elkton, Md. give street address) Union Hospital during the even if retired William Par	ry.
after death 8. Give Pog along with ith he Sta	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 136 INSIDE CITY LIMITS? 13e. STREET AND NUMBER	uu
D 00 D 3 00 0	odmission) STATE Maryland 13b. COUNTY Cecil Perryville YES □ NO 🔀 Broad Street	
E E E	DA FATURE CALLER FOR A STATE OF THE STATE OF	1
	14. Palter's Name Ellis Page 15 MOTHER'S MAIDEN NAME that Middle Price	e
hin 24 ncil in niner's poges hours		
within pencil camine le pog 72 hou	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y.g., no. or unknown) (If you give wor or dates of service) (Unknown Unknown) (If you give wor or dates of service) (Unknown Unknown)	13
	ADDROVIDATION	
al E	I IB. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c).)	
e execute pending" ef Medical isit permit	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardio vascular disease	
ex mend t pu	DUE TO, OR AS A CONSEQUENCE OF	
be inef	Conditions, if any, which gave	
world word the Ch riol-tra	rise to immediate cause (a), (DUE TO, OR AS A CONSEQUENCE OF	
should be executed to word "pending" is the Chief Medical buriol-transit permit.	last.	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
(AMINER: This certificate to the certificate, writing the get a should be forwarded to gover files. age 3 should be used as a bacremation, or removal and	490	
certifi orwan	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPS	47
for us	WAS PERFORMED? YES ▼	
This icote, be for the control of the control or rem	190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPS YES 21d. EXTERNAL CAUSE WAS 21b. TIME OF .NJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of in Jry in Part 1 or Port 2, Item 18.)	NO
INER: Thi e certificat should be files. 3 should by ation, or r		
NER: e certif should files. 3 should ation, d	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 2 21d INJURY OCCURRED 21e PLACE OF INJURY (At home form street 2 of LOCATION Street or R.E.D. No. (utv. or Town County	
And the the sur fee 3 ee	21d INJURY OCCURRED 21e PLACE OF IN.URY (At home, form, street, while more will be	State
	AT WORK AT WORK	
E exect for. Pa ed for CTOR: I buriol,	220 I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [7], Inquiry [7], and in n	ny opinian
C e e e e e e e e e e e e e e e e e e e	deoth resulted fram: Natural causes X Accident , Suicide , Hamicide , Undetermined manner	
Sosse Since of the state of the	CHIEF MEDICAL EXAMINER	
TY ple vy, ple vai di	ACTUAL A A C A C A C A C A C A C A C A C A C	
P. RA	Werner W Spire MD	
esso fur fur fir	EXAMINER'S NAME (Type) ADDRESS(Street, city, fawn, ar caunty)	
o DEPUTY necessary, the funeral 5 may be o FUNERAL Health pre		itatal
F	Burial (Caunty) (St. Name of Cemetery of Crematory 23d Location (City of Town) (Caunty) (St. Name of Cemetery Principle, Cecil, Mc	itote)
£ :	24 HAMERS DIRECTOR 250 REGISTRAR 25b, REGISTRAR'S SIGNATURE	-
VR A15ME (5)	1 21003	
10M REV 1/68	leers latterson's for fervantle 100 21903 DATE JUN 18 1968 Charles Ind	12 :



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CEPTIFICATE OF DEATH

-		6987	2.0		CER	TIFIC	ATE OF DEATH			9	1
- 1		CEASED-NAME	First		Middle		Lost	20. DATE OF DEATH			2b. HOUR
-1	(1	ype or print)	Marv]	Eunice	P	inkerton	June: Mor	nth 28 Day	1968	9 P.M
ı	3. SE	X .		4. RACE			S. DATE OF BIRTH	6. AGE	(In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	F	emale		White			105190	5 62	oirthday) YRS.	MONTHS CAYS	HOURS MIN
	70. E	BIRTHPLACE (Stote o	r foreign 7	b. CITIZEN OF WHAT	COUNTRY? 8. N	ARRIED D	NEVER MARRIED 9	COUNTY OF DEATH			
	caun	Maryla	and.	J. S. A.	1.00	DOWED [DIVORCED [Cecil Co	٥.		Md.
	10. C	ITY OR TOWN OF D			E OF HOSPITAL OR INSTITUT	ION (If no		OCCUPATION (Kind of		126 KIND OF E	BUSINESS OR
		orth Ea			$R_{\bullet}D_{\bullet}$ i	/1_	Hous	t of work ng life, eve	n is restred.)	Own H	lome
	13a admi	USUAL RESIDENCE (ssion) STATE	Where deceased	lived, if institution	: Residence before 13c	CITY OR			NUMBER //		
1				G		orth		E R.D.	<u>f_1</u>		
1	14. F	ATHER'S NAME	First	Mrdd1e	Lost	15.	MOTHER'S MAIDEN NAME Fire	st	Mrddle		Lost
		Charles		Mitloc		122.0	Pearla			Mumfor	?d
	16a. Yi	WAS DECEASED EVI es, no or unknown)	cR IN U.S. ARMED	or dates of service)	6b. SOCIAL SECURITY NO		JFORMANT	5.T	Address	. 25.5	D D
-					None	<u></u>	oss Pinkert	on Nort	th Eas		AATE INTERVAL
			ATH (Enter only 'H WAS CAUSED E		far (a), (b), and (c).)		0, 00	D	0		NSET AND DEATH
		// /		CAUSE (a)	murc	_	الالمالية	mean	سيالا		
		4-100	1	DUE TO, OR AS	A CONSECUE CE OF	-4	1 1	V			
		Conditions, if any rise to immediat		(b)	H. 9.	· , /	0, 0		-		
		stoting the under	rlying couse		A CONSEQUENCE OF						
			CHIEICANT COND	(c)	IC TO DEATH BUT NOT DE	LATED TO	THE TERMINAL DISEASE OR CO	MOLTION CIVEN IN DAR	T 1/a)		
		4201	SMIFICANT CONDI	IIIONS CONTRIBUIN	NO TO DENIE BUT NOT KE	LAILD TO	THE TERMINAL DISEASE OF CO	NUMBER IN FAR	1 1(0)		
	CERTIFICAT: ON	19g DATE OF OPER	ATION 19b. CC	NDITION FOR WHICH	OPERATION WAS PERFOR	MED	20g. AUTOPSY?	20b. IF YES, WE	RE FINDINGS (ONSIDERED IN CE	RTIFYING
Х	ZE I						YES NO N	CAUSES OF DEA	TH?		
		21a. ACCIDENT W	AS UNDERLYING	21b. TIME OF II	NJURY	21c, HO	W INJURY OCCURRED (Enter	nature of injury in Par	t I ar Port 2, I	Item 1B.)	
	S	or contributing			Month Day Year					ŕ	
	MED	21d. INJURY OCCU	IRRED 21e PL	ACE OF INJURY (A	FHOME, FARM, STREET FACTORY,	21f. LO	CATION Street or R.F.D. No.	City or Tawn)	County	State
4		While Nat what work at work	rk 🗆	(0	FFICE BUILDING, ETC.			0			
		22a. I certify	that (I) (this	haspital) atten	ded the decoased f	am 🗼	une 1992	0, ta	, 19		(I) (we) last
		saw the	deceased aliv	e on	19 i	0.00	that in (my) (our) opin	ian death accurre	d on the da	te and hour o	and from the
		226 SIGNATURE	gred andve,	(i) (with(aid) (a	id nat) view the bady	orrer a	ean.	<u></u>	22. [DATE SIGNED	
		226 JOHAIOKE		Pill B	You The	DEGRI	ATTENDING ME PHYS. See DIR	D. STAFF		ALL SIPPLE	1 195
		22d. PHYSICIAN'S		W.		22011	22e. ADDRESS	ECTOR - FILIS	- 7	, 7-	1100
		NAME (Type)	Ernest	W. Se	iter		Rising	Sun. Ma	ryland	V	
	23a.	BURIAL, CREMATIO	N 23b DA		23c. NAME OF CEME	TERY OR		23d. LOCATION (City)			(Stote)
		PEMOVAL (Specify)	7-1	-1968	. Faggs M	anoi	Cem.	Russellv			er Pa.
	24/2	FUNERAL DIRECTOR		Alullo	ADDRESS	,	2Sa. REC'D BY	REGISTRAR 25b			7
	A.	MANIE	11/-1	- weeks	Rising	Sun	Md. dul-	3 1968 /	Marie	2 Judge	

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled The by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within the state Dept.

VR A15 (4) 30M REV 1/68

deoth.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

						IGNIE OI	PEMIII							
	CEASED-NAME	First		Middle		Lost		20. DATE OF				2b. HOUR		
(1	ype or print)	WILL	r A M	ARTHUR		RITNER		1	Month 6	18	Year 68	8:00A		
3. SE	Х	11 311 311	4. RACE			S DATE OF B	BIRTH		6. AGE (In years	1F UNDER		HE UNIOER 24 HRS.		
	Male		Whi	te		12.	-21-08		last birthday) 50 y	RS. MONTHS	DAYS	HOURS MIN.		
70 F	RIPTHPLACE (Stote or fo	reion [2	b. CITIZEN OF WI		8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH									
COUF	New York	, and a	USA		WIDOW		RCED [X]		Cecil			4.0		
10.0	ITY OR TOWN OF DEAT	14		AME OF HOSPITAL OR INS				I OCCUPATION	(Kind of work do	nn 19h	VIND OF B	USINESS OR		
]	Perry Poin	t	give	terans Adn	ninis	gration			life, even if retire		JSTRY	JSINESS OK		
13o	USUAL RESIDENCE (Wh	ere deceose	lived, if institut	ion: Residence before	13c. CITY			_	REET AND NUMBER					
oam	STATE D.C		136. COUNTY		Was	nington YES NO		0 17	708 16th	St.,	N.W.			
14	ATHER'S NAME FI	rst	Middle	Lost		IS MOTHER'S M	LAIDEN NAME F	ırst	Middle			Lost		
	Wi	lliam	Arthur	Ritne	er		El	len			Cul	lev		
160.	WAS DECEASED EVER I			16b. SOCIAL SECURITY I		7 INFORMANT			Address	5				
Y	es no or unknown)	(If yes give wor	or dates of survice)	102-03-183	1.5	VH Hosp	ital Re	cords.	Perry Po	oint.	Md.			
		1 /Entar only	ana sauca nas li	ne for (o), (b), and (c).							APPROXIMA	ITE INTERVAL		
		VAS CAUSED	BY:	1 1 1 7 1 1								ET AND DEATH		
	1 /- 1 / 1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Malignant Cachexia 154 DUE TO, OR AS A CONSEQUENCE OF												
	1341	541 DUE TO, OR AS A CONSEQUENCE OF												
	rise to immediate c	onditions, if ony, which gove to immediate course (o). (b) Carcinoma of Rectum with Perforation and 3 Years (b) DUE TO, OR AS A CONSEQUENCE OF Extension throughout Pelvis												
Н	stoting the underlying		DUE TO, OR A	AS A CONSEQUENCE OF	Ext	ension t	hrough	out Pel	Vis	1				
	(c)													
	PART 2. OTHER SIGNI	FICANT COND	ITIONS CONTRIBU	ITING TO DEATH BUT N	OT RELATE	D TO THE TERMINA	AL DISEASE ORC	ONDITION GIVE	IN PART I(o)					
Ιz	154 x													
CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CO								ED IN CER	TIFYING				
ĺĔ		YES 🔼 NO 🗌 CAUSES OF DEATH? Yes								S				
CER	210. ACCIDENT WAS				21:	HOW INJURY OF	CURRED (Ente	noture of inju	y in Port 1 or Port	2, Item 18.)			
MEDICAL	Tor contributing () (If either, notify med	CAUSE OF DEATH	r) HOUR A.M.	Month Doy Year										
MEC	21d. INJURY OCCURRE	ED 21e. P	LACE OF INJURY	AT HOME FARM, STREET, FAC		LOCATION Stre	et or R.F.D. No	City	or Town	Coun	ty	Stote		
	While Not while of work			OFFICE BUILDING EFC	- 4									
	22g I certify the	nt XIX (this	hospital) off	ended the deceose	ed from	Oct 19	9. 196	6 to .	Tune 18	19 68	Monte	ababababab		
	SOUNCEMENT	pensyakadi	KXXXXXIIXXIX	xxxxxxxx	&xxx	and that in (n	ny) (orazi api	nion deoth	occurred on the	dote one	hour	nd from the		
	causes stote	ed obove,	(I) (MER) (did)	(xdixxixt) sview the	body aft	er death.								
	22Ь. SIGNATURE					ATTEND	INC N	LED _		22c. DATE SIG				
ı	Ch.	L : Y	Noon	DU M.). 0	EGREE PHYS.		IRECTOR .	PHYS. XIX	6-18-	68			
	22d. PHYSICIAN'S			7 1		22e. AD								
	NAME (Type)	A. L	MOONE	M.D.		V4	A Hospi	tal, Pe	rry Poir	nt, Md				
230	BURIAL, CREMATION, RENOVAL (Specify)	23b. D	1- 11-			OR CREMATORY	1/0	23d QXAT	(City or Town)	(Cour	ity)	(Store)?		
24	FUNERAL DURECTOR	26/	41/1/6	ADDRESS	an	with Rd.	2So REC'D B	Y REGISTAND	20 PEGISTO	ARS SIGNAT	UPF	FGC		
را	alla	Med	sin!	Perryville			DATUN	28 198	8 Och	2464	Judg	R		
-	ree H. Pat	verso	n & Son	rerryville	a, MC		DATE	M A IA			1 0			

The state of the s

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the Tuneral director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, ar removal, and in ony event, within 72 hours after deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou

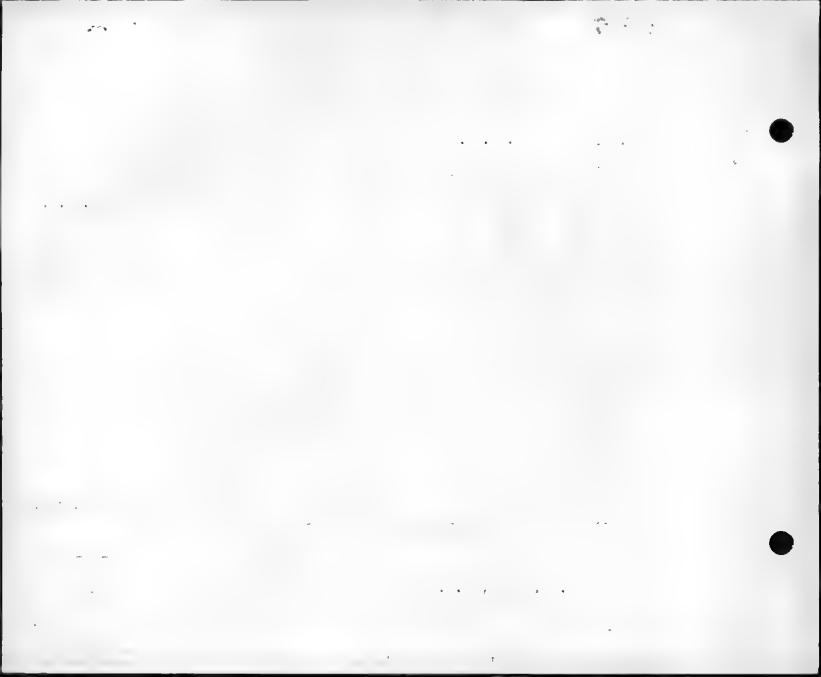
Poge 4 moy be retained by the hospital or attending physicion.

VR A15

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			(ERTIFI	CATE OF	DEATH						3
1 DECEASED-NAME	First		M'ddle		Lost		20.	DATE OF DEAT	H , ,	- 40		2b HOUR
(Type or print)	Cheste	r Alvin	Russell					ľ	Aonth C	Doy of god	fear Car	11 1?
3. SEX		4. RACE			S. DATE OF E	IRTH		6. A	GE (In yeors	IF UNDER		IF UNDER 24 HRS.
Male		Whit	e		May 2	26, 190	1	los	t birthday) 67 YR	MONTHS	DAYS	HOURS MIN
70. BIRTHPLACE (Stote of	r fore gn	76 CITIZEN OF WH	IAT COUNTRY?	8. MARRIEI	NEVER MA	RRIED	9. COU	NTY OF DEAT	Н			
country) Marylan	d	U	SA	WIDOWE		RCED 🗀	Ce	cil				M
10. CITY OR TOWN OF D			ME OF HOSPITAL OR INS	TITUTION (II	nat in hospital			PATION (Kind				SUSINESS OR
Elkton		give s	treet oddress) Union Hos	pital			OEE(vorking life, e e r	ven it retired		ISTRY Oggil	ng
130. USUAL RESIDENCE (Where deceas		on. Res dence before	13c. C TY (OR TOWN	13d. INSIDE CITY L	SZT MI.	13e. STREET /		_		
odmission) STATE Maryla	nd	13b. COUNTY	Cecil	Elkt	on	YES X N	о <u>Г</u>	210	Locust	Lane		
14. FATHER'S NAME	First	Middle	lost		IS. MOTHER'S N	AIDEN NAME F	irst		Middle			Lost
Jan	es B.	Russell			Ma	ry E.	Bou.	lden				
160. WAS DECEASED EV		WED FORCES? vor or dates of service)	16b. SOCIAL SECURITY N		INFORMANT				Address	210 L	ocus	t La.
No			@ Ь 213-58	-4517	lice E.	Russe	11			Elkto	n, M	d
			e for (o), (b), ond (c).									ATE INTERVAL SET AND DEATH
PART I. DEAT	H WAS CAUSE IMMEDI	ATE CAUSE (o)	Irteriose	Cerit	ic He	art));	56	252		٤	czr	5
4129	?		S A CONSEQUENCE OF									
Canditians, if on fise to immediat												
stating the unde		DUE TO, OR A	S A CONSEQUENCE OF									
last	,	(c)				·						
PART 2. OTHER SI	GNIFICANT COI		TING TO DEATH BUT NO	OT RELATED	TO THE TERMINA	AL DISEASE OR C	CONDITIO	ON GIVEN IN P	ART 1(a)			
8 7 100	Tion Ita	Nona			las			Leat to tree	HERE SINDING	c consider	FD In of	71
190 DATE OF OPER	ATION 19b.	CONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	YES		}	CAUSES OF D	WERE FINDING EATH?	S CONSIDER.	ED IN CER	ETIFYING
			INJURY Month Doy Year	2!c.	HOW INJURY O	CURRED (Ente	r noture	of injury in f	Port I ar Port	2, Item 18.)	
OR CONTRIBUTING	nedicol exomi	ner) P.M.	19									
While Not what work of work	110	PLACE OF INJURY	AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC	TORY,) 21f.	LOCATION Stre	et ar R.F.D. No		City or To	Wn	Count	У	State
22o. I certify	that (I) (th	is haspital) atte	ended the decease	d from_	6-1	4-, 196	Υ.	ta	-38-	1968	, that ((I) (we) lo
sow the couses st	deceased a ated obove	live on e, (I) (we) (did)	(did not) view the	9 45 , a body afte	nd that in (n r deoth.	1y) (our) api	inion d	leath occur	red on the	date and	havr a	nd from th
22b. SIGNATURE	Jacan	9-94	eman 2	O. DE	GREE PHYS.	NG A	AED DIRECTOR	STA PHY	FF 📺 🗀	2c. DATE SIG		F
201 SUNCICIANCE	Tillmi	n DJa	huson M	. 1)	22e. AD	DRESS Singe	crly	AVE	Elk	tun,	Md	/
23a. BURIAL, (REMATIO REMOVAL (Specify) Burial		DATE 7-2-	68 23c. NAME OF Bay Vi				23d.	LOCATION (G		(Coun		(Stote) Md.
24 FUNERAL DIRECTOR	R-M	NOO!	ADDRESS	Box 2	2	2So. REC'D 8	BY REGIS	TRAR	Sb. REGISTRA	R S SIGNATI	URE	
Grant Fune	ral Ho	ome of Ca	Nort	h Fas	t. Md.	N.T.	- 5	2 1968	och	anen	Cred	al





ond 2 death.

funeral

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificote be executed within 24 hours after deoth.

Poge 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, with

30M REV 148

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH FRESG

												-4-
	ECEASED-NAME	First		Middle		Last		20. [DATE OF DEATH			2b. HOUR
(Type or print)	Jame	3 S	F.		Smith			Month	Doy	Year	427 KM
3. \$1	EX		4. RACE			S. DATE OF B	IRTH-		6 AGE (In yet last birthday	ors IF	UNDER 1 YEAR	IF UNDER 24 HRS.
	Male		Whi	te		Nov.	2, 19	02	last birthdoy	YRS.	INTHS CIAYS	HOURS MAN.
7a.	BIRTHPLACE (State or 1	ore gn	7b. CITIZEN OF WI	IAT COUNTRY?	8. MARRIE	D NEVER MA			NTY OF DEATH			
cou!	irginia		U.S.A.		WIDOWE		RCED 🔲	,	Cecil			Md
10 (CITY OR TOWN OF DEA	TH	111 NA	ME OF HOSPITAL OR IN:	I) NOITUTIT	f nat in hospitol			PATION (Kind of work	done	126 KIND OF	BUSINESS OR
	Elkton		give s Ur	itreet address) 1101 Hosp	ital		ASS	emb	rork ng life, even if rei		INDUSTRY Chrys	ler
13o.	LSUAL RESIDENCE (WI	here decease	d lived, if instituti	ion Residence before	13c. CITY	OR TOWN	134 INSIDE CITY L		13e STREET AND NUM			
Ogili	ission) STATE Marylan	ıd	13b. COUNTY Cec	il	Elk	t on	YES N	0 💂	Johnstow	n Rd	. R.	D. #5
14.	FATHER'S NAME F	irst	Middle	Lost		15 MOTHER'S M	AIDEN NAME	First	Mo	ddle		Lost
	Li	nton		Smith	1.		Ame	lia		D	erfli	inger
160	WAS DECEASED EVER	IN U.S. ARME	D FORCES? or dates of service)	16b. SOCIAL SECURÎTY I	1	INFORMÁNT				dress		
	(es, na, or unknown)	(III yes give no	on doubt or service)	170-07-1	135	Mrs. A	nna 1	I. S	mith El	kton		
	1B. CAUSE OF DEAT	H (Enter only	one couse per lir	ne for (o), (b), and (c).)							MATE INTERVAL INSET AND GEATH
	PART I. DEATH I	WAS CAUSED	BY: E CAUSE (a)	1 remis							3	43
	4129	100 DOGGO IFT I		S A CONSEQUENCE OF								
	Conditions, if ony, w			chhrosel	1 40 M :	5					160	~~
ı	rise to immediate of stating the underly		DUE TO, OR A	S A CONSEQUENCE OF	<u> </u>							
ı	last	ling coose	(d)									
	PART 2 OTHER SIGN	IFICANT COND	ITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED	TO THE TERMINA	AL DISEASE OR	CONDITIC	N GIVEN IN PART I(a)			
2	170x1-	Arte	ioscla	ratio. H.	0	2. P	ulman	A to to	embali	ì		
ATT0	190. DATE OF OPERATI			ICH OPERATION WAS PE	RFORMED	20a. AUT		-	206 IF YES, WERE FINI	JINGS CONS	IDERED IN CE	RTIFYING
CERTIFICATION						YES [NO 🕟	-	CAUSES OF DEATH?			
	21a. ACCIDENT WAS				21c	HOW INJURY OF	CURRED (Ente	r nature	of injury in Port 1 or	Port 2, Item	n 18)	
MEDICAL	OR CONTRIBUTING [CAUSE OF DEATH	HOUR A.M.	Month Day Year	,							
WE	21d. INDURY OCCURR	FD 21e F	LACE OF INJURY	AT HOME, FARM, STREET FAR OFFICE BUILDING, ETC.		LOCATION Stre	et or R.F.D. No)	City or Town	- (County	State
L	While Not while of work		,	CHICK BOILDING, ETC.	- 1							
ı	22a L certify th	at (1) (this	haspital) atte	ended the decease	ed fram_	4-	4., 196	K.	to	. 196	ار that	(I) (we) las
L	saw the de	ceased ali	ve an	6-1-1	94 . P., c	ınd thát ın (n	ry) (aur) api	inıan d	eath accurred an	the date	and hour o	and fram the
		ed abave,	(I) (we) (did)	(did nat) view the	bady afte	r death.						
	226 SIGNATURE	///	k	110		ATTEND	NG	MED.	STAFF		TE SIGNED	
	22d. PHYSICIAN'S	1/20	A CY	Lean	DE	GREE PHYS		DIRECTOR	LI PHYS. LI	Ø -	- 5-6	3
	MARKETT CO	11/1/4	120 5	1.1.	بري		3 Sin.		1 Au 1	= 14	4	/_
00.		23b. D		23c. NAME OF			5 0 1 1/1		LOCATION (City or Tow	- 102/	Vanne 3	70 (
250.	REMOVAL (Specify)		5/68				. A			,	(County)	(State)
24	FUNERALDIRECTOR	10/	0/ 68	Cherry		LI Metr	2Sa. REC'D E	IPU C	ry Cher	THE	TITLE TO	and the
47	100	sh s	0. 24	1000		3/5.0	DATE A	נייון נו	LA 12 PAR CO	7	O .	U
1	Hicks W	ome I	or Fun	erals, E	LKTO:	n. Md.	DATE					



uneral and 2 death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

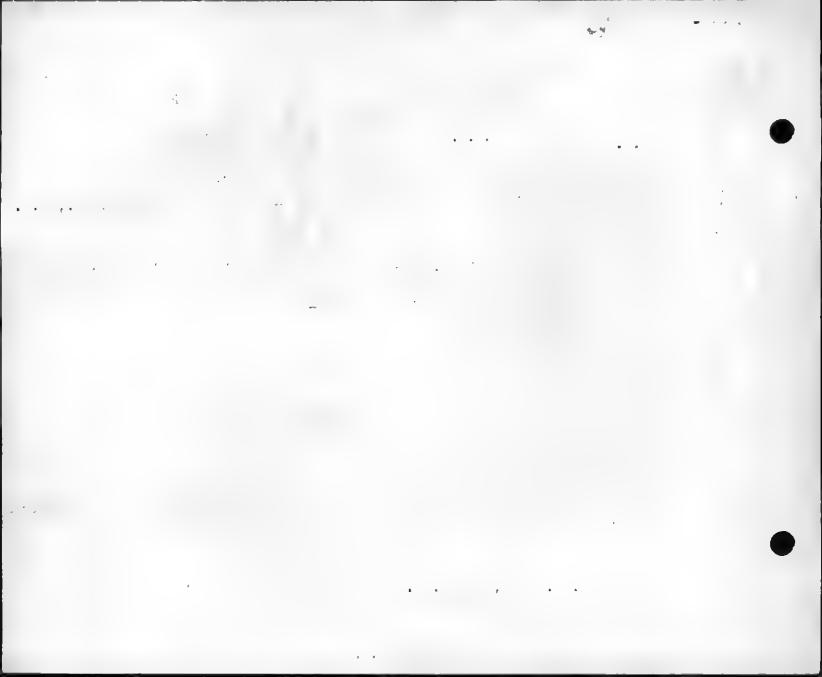
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please vendore carban papers should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in day event, within 72 in the state Dept. of Health prior to burial, cremation, ar removal, and in day event, within 72 in the state Dept.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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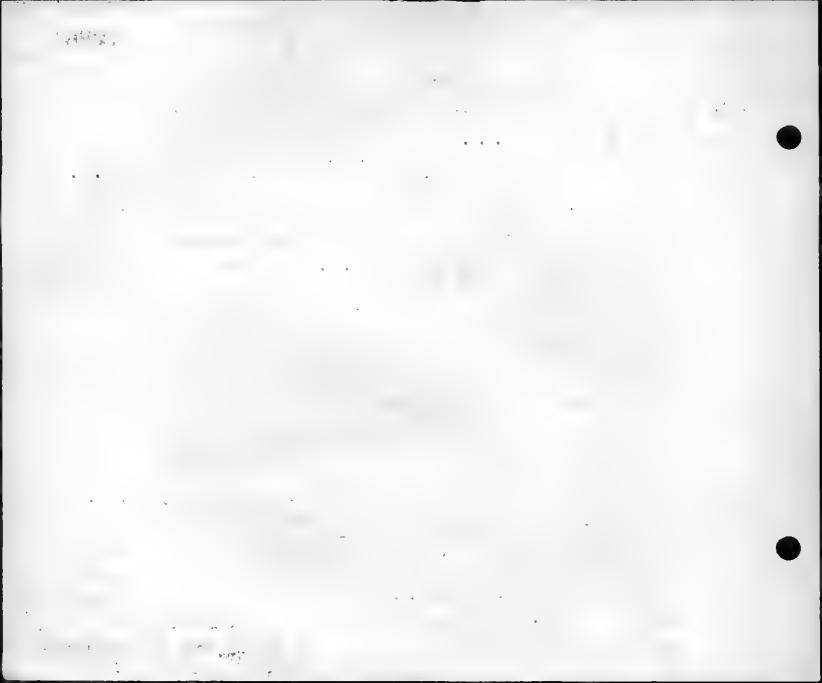
					(CERTIFICA	TE OF D	DEATH			0000	K.
		(EASED-NAME ype or print)	First	ll i e	Middle	STE	Lost WART	20	3. DATE OF DEATH Mopth	ne 14.	. 19 68	2b. HOUR
	3. SE	x Male		4. RACE			DATE OF BIR		6. AGE (In lost Jarry	vears	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
		BIRTHPLACE (State or for	eign.	Negro		8. MARRIED X			OUNTY OF DEATH	YRS		
	cour	ntry) N.C.	- ig	U.S.	A.	WIDOWED [DIVORC	וגע	Cecil Cou	nty		
ž ť		ITY OR TOWN OF DEATH		11. NAME give stre	OF HOSPITAL OR INS	TITUTION (If not Hospita	n hospitol	during mast o	CCUPATION (Kind of w f working life, even i		12b. KIND OF I Industry	BUSINESS OR
† 1	13a adr	USUAL RESIDENCE (Whe	e deceos	d lived, if institution:		13c (ITY OR TO Washin	IWN 13	Bd. INSIDE CITY LIMITS? YES NO	130. STREET AND N		nt St.	N.W
61 50.4		ATHER S NAME Fire		Middle	Lost	15. A		DEN NAME First		Middle		Lost
		Henry Stew WAS DECEASED EVER IN		ED 500(110	b. SOCIAL SECURITY N	10 17 196	Amy B	<u>lair</u>		Address		
				or are alasted and december 1	41=28=88			tal Reco	ords - Per		int. Ma	rvland
		18. CAUSE OF DEATH					110000	71000	J2 40 1 02	2,5 20-	APPROX A	SET AND DEATH
		PART I. DEATH W.	C CALLEER			•	bosis					nthe
		4307	(III) (CO)		CONSEQUENCE OF							
		Canditions, if any, whi rise to immediate co	ch gove)	(b)								
		stating the underlyin		DUE TO, OR AS /	CONSEQUENCE OF							
		lost.	,	(c)								
		PART 2 OTHER SIGNIF	CANT (ON	DITIONS CONTRIBUTIN	G TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL	DISEASE URCONDI	ITION GIVEN IN PART	{a}		
0	CERTIFICATION	19a. DATE OF OPERATION	19b.	ONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20g. AUTOP		20b. IF YES, WERE CAUSES OF DEATH		INSIDERED IN CE	RTIFYING
Ol.	ERTIF	21a. ACCIDENT WAS U	NULBIAIN	G 21b. TIME OF IN	Verill	21° HUM	YES	NO TO	ure of injury in Part 1	or Part 2 II	iom 18 \	
	MEDICAL	OR CONTRIBUTING CA	USE OF DEAT	HOUR A.M.	Month Day Year		IIIONI OCCO	MALE TELLO MAIL	ore or injury in our r	or run 2, n	10.3	
	ME	21d. INJURY OCCURRED While Nat while at wark of wark	_	PLACE OF INJURY (AT					City or Tawn		County	State
		22a certify the saw class stote	X 400 X	s haspital) attend wexte xxxxx , (l) (we)(did)(di	XXXXXXXXX	9cx and t	hot in (my	, 19) (our) opinior	, to 6-14-6 n death occurred	8, 19_ on the dot	e and haur o	klovecki and from the
		22b. SIGNATURE	۶.,	Folk in	-, w	DEGREE	ATTENDING PHYS	MED DIRECT	FOR STAFF		ATE SIGNED -14-68	
į		22d. PHYSICIAN S NAME (Type) E	. E.	FOLK, III	Management of the last of the		22e ADDRI		l - Perry	Point	, Maryl	and
7	230	BURIAL, CREMATION,	23b_1	ATE -18-68	Ballo	CEMETERY OR CE	arnel	eng	d LOCATION (Cyty or		(County)	(State)
1		FUNERAL DIRECTOR		14	GOO CADORISS	ST	mil.	250 REC'D BY RE	GISTRAR 25b	REGISTRAR'S	SIGNATURE	
/68	CH	AMBERS FUN	ERA L	HOME - Wa	shington	, D.C.		DATE JUN	TA 1900	1 The	-res ye	The same





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FOR STATE	It	em#2a.		5 10MED										128	361	
HEALTH DEPT.	1. D	ECEASED NAME Type or Print)		rrs†		M-adie		Los				KNOWN	Month	Day		2b HOUR
ay 18	, ,	type ar etintj	RO	BERT		T.		VANDE	RSLICE		OF DEATH	ESTI- MATED &	6	79	168	? N
delay M3. Post	3 \$	EX	4. RACE	S. DATE OF		ler?	E (in years birthday)	IF LNDER 1 YE	EAR IF JIND AYS HOURS	ER 24 HRS	2c. DATE .	PRONOUNCED		v		2d. HOUR
Parmin dela		al e	White		11 9,1	L934 :	34 gks.				0	ctober	Day 5	Yeq	1968	11:5
		BIRTHPLACE (Stot		7b. CITIZEN OF		RY?		RIED NEVE			NTY OF D	EATH				
ges for		^{try)} Penna			S.A.				DIVORCED A	. 00	cil			T		M
de de de		ITY OR TOWN O		W	oods v	7ic. Co	nowi	if neun has	001	ng most of Soldi		(Kind of wo life even if			o of Busil	
after alang alang with the state of the stat	130	LSUAL RESIDEN	ICE (Where dec	eosed tyred, if ins	titut on: Res	idence before	13c CITY	OR TOWN	3d INSIDE CI		13e. STRE	et and num	BER			
2 wilded	<u></u>	dmission) STATI	Pa.	1			Ava	ndale		NO 🗌	Avai	ndale,	Pa.			
4 haurs Item 18 Office of 19 I and 2		ATHER'S NAME	First		ldle	Lost			MAIDEN NAM			Mic	idle		Lost	
24 ris (ris (ris)				Vanders.			. 1.		Floren	ce Pi	nkeri					
n pencil in Examiner's File pages	160.	WAS DECEASED E	WITE) {If yes	give war or dates of service	" KOBI	IAL SECURITY I		U. S.	Army	ecor	ds	ADDRES	SS			
be executed with period in period in period Examinate Transity period in the control of the cont		B. CAUSE OF	F DEATH (Enter	on y ane cause pe	r line for (a)), (b) and (c)	32								PPROXIMATE II WEEN ONSET A	
executed anding" in Medical E		PAKI I	MW!	ISED BY: DIATE CAUSE (o)				<u>hyxia</u>								
exemple of the sent of the sen		4027	and the same		OR AS A CO	NSEQUENCE OI										
l be l 'pe Chief ransi			any, which gov drote couse (a	(b)_				hai	nging							
■hauld be e te ward "per a the Chief h burial-transit in any even		stating the will last.	nderlying cous	BUE 10,	OR AS A CO	NSEQUENCE O										
This certificate shauld be executed within 24 rate, writing the ward "pending" in pencil in be farwarded to the Chief Medical Examiner's to be used as a burial-transit permit. File pages or remaval, and in any event within 72 hours	_	PART 2. OTHER	SIGNIFICANT CO	NOTIONS CONTRIB	BUTING TO D	EATH BUT NO	RELATED	TO THE TERMIN	NAL DISEASE O	R CONDITIO	N GIVEN II	N PART I(o)				
certification write and arward mova	CERTIFICATION	19a. DATE OF	OPERATION			IDITION FOR 1		RATiON						20	AUTOPSY	?
This cate, be far	뜶				WA	S PERFORMED	?								YESXXX	NO 🔲
		210. EXTERNAL	CAUSE WAS OR CONTRIBUTIN	G T HOUF		onth, Doy, Yes)г 2	TO HOW INJUR	OCCURRED (Enter notu	re of injury	ın Part 1 a	r Part 2, I	tem 18)		
(AMINER: The the certificate 4 shauld by rour files. age 3 shauld cremation, or	MED CAL	CAUSE OF DEAT	TH	- ?	PM. 7 6		58	Subjection S	ct han	ged b	imse	1.f				
= 9 2 + 5 5	×	2 d INJURY OF		e. PLACE OF INJUR factory, office buil	Y (At hame, Idina, etc.)	form, street,	2	If LOCATION 5	treet or R.F.D. I	₹o	City	or Town		County	y	State
L EXAMINER ecute the cert Page 4 shaul ar your files. R:Page 3 shai		AT WORK		Woods	5			Woods							1 Ce	cil
tar. Paged far. Paged far. Paged far. burial, burial,				I taak charge a								Barry Carry			nd ia my	/ apinian
bicase explained director. policy of the control o		death re	esulted fram	Natural c	auses 🔲	Accider	it [],	Suicide X	X, Hami	tide [,	Unde	termined	manner			
DEPUTY SICAL EXAM cessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page calth prior to burial, crem		ACTUAL 4	5 V.	. 1		1			CHIEF MEDIC				001 00 00			
y, py, post		SIGNATURE		~ C 1	0	11/		M.D	ASSISTANT M		_	_xx	22b. DATE			106
DEPUTY Stessary, e funeral may be r FUNERAL edith prid		EXAMINER'S NAME (Type)							ADDRESS(Stre			ntuì	0	ctob	er_6,	<u></u>
necessary, the funera 5 may be 10 FUNERAI Health pr	230	BURIAL, CREMA	<u> </u>	iward F.	Wilso	n M I	CEMETEDY	OR CREMATOR				(City or Tov	(0)	(County)	15.	ate)
<u> </u>	B	REMOVA: (Spec	cify) C	ct. 15 1	68	Fort	Benni	ing Pos	₹t	C	olumb	ous G	eorg	ia	,	are)
VR A15ME (5)	24 Ha	rry Wit	zke El	rd Coun	ty Fun	eral ^{DD}	ome	of	25o. RE	CD BY REC	SISTRAR 5 196	25b RE		SIGNATUR	e and a	اح
MALL DELL TOPA						-m Ph. manager 10 /			DATE	W L L		(A)		VA		

VR A15ME (5) 10M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08380 18385 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **EOR STATE** HEALTH-DERT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Maryland b. COUNTY Cecil Cecil MARYLAND deloy b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton DOA Chesapeake City d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? Form pencil in Item 18. Give Poges 1, Union Hospital YES NO X This certificate should be executed within 24 hours ofter death. Office along with NAME OF Middle 4. DATE First Inst Month Year DECEASED OF George Ellsworth Whaland DEATH 1968 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH YEAR IF UNDER 24 HRS. AGE (In years IF UNDER 1 lost birthday) Manths male. white 3/29/1906 WIDOWED [10a. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if refired)
Watchman for Gravel Company COUNTRYSA Maryland d "pending" in pencil in Chief Medicol Examiner's 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME George T. Whaland Susan Carter IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war or dates of service) removal Chesapeake City, Md. 212 10 9026 Mary Whaland no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Arterioscleretic Heart Disease 0 IMMEDIATE CAUSE (a) .. e, writing the ward forworded to the Ch cremotian, DHE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying cause 05 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? NonE 4 should be 20g. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 1B.) 3 should PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. No injury 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) Hour a.m. While Nat While factory, street, affice bldg., etc.) moy be retoined for your FUNERAL DIRECTOR: Page of work Chesa beske Cit- Cecil . Hd p.m. No injurya at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 1 Inquiry I and in my opinion the funeral director. Natural causes Accident Suicide . Homicide Undetermined manner deoth resulted from: CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER

VR A15ME (5)

50

Health or

211. FUNERAL DIRECTOR

EXAMINER'S

ADDRESS Chestertown, Md.

23c. NAME OF CEMETERY OR CREMATORY

Chester Cemetery

hnson

23b. DATE THEREOF

6/22/68

2Sa. REC'D BY REGISTRAR

DEPUTY MEDICAL EXAMINER

Chestertown, Md.

(County)

Address (Street, city, town, or county) 123 Singer / Aug Ella

23d. LOCATION (City or Town)

6-20-68

08381

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

08386

÷ .	CLE			CEASED-NAME First	1	Middle C	, Last	Villiams 2a. D	ATE OF DEATH	2b. HOUR
ded				ype ar print) Bert		9.	WILLIA	ms	Sware Day	1968 M
ter !	e s s		3. SE		4. RACE		S. DATE O	F BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
o sur	by the Pa			HRTHPLACE (State or foreign	7b. CITIZEN OF WHA	· 	3	ept. 23, 180	YRS.	
hot .	드 양년		cour	Maryland	ISA		WIDOWED NEVER I	MARRIED 7. CON		44.1
1 24	filled in 1 papers. thin 72 ho	i	10. 0	ITY OR TOWN OF DEATH	11 NAM	IF OF HOSPITAL OR INS	TITUTION (If not in bosnite	ol 120 HSBAL OCT	PATION (Kind of work done	12b. KIND OF BUSINESS OR
vithi.	odn pa	90	1	alvert	give str	vent Mana	r Nursing 1	during most of w	arking life, even if retired.)	INDUSTRY
o pa	ind campletely fremave carban any event, with	07	13a.	USUAL RESIDENCE (Where deceas	ed lived, it institution	n: Residence befare	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
ecut	ave y ev	01		l'aryland	13b. COUNTY		Port Depos	YES NO	Rt. 222	
e ex	rem in an	1.	14. [ATHER'S NAME First	Middle	Last		MAIDEN NAME First	Middle	last
te b	sician oplease please I, and in		160	WAS DECEASED EVER IN U.S. ARA	MED FORCES?	6b. SOCIAL SECURITY N		Minerva	Address	Lynch
ifica	nysic ple al, a				rar or dates of service)	20 st 060	0 Walton	C. Williams	, Port Deposi	to Md.
that the death certificate be executed within 24 hours after death	attending phy permit. Then ian, ar remaval			1B. CAUSE OF DEATH (Enter an	ly one couse per line	far (a), (b), and (c).	*		-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath :	it. ar re			PART I. DEATH WAS CAUSED	D BY: ATE CAUSE (0)	-elu	· Close	wear F	recedens	
e de	permit.			4129	DUE TO, OR AS	A CONSEQUENCE OF			0 "	ς.
‡ ;	by the transit cremati			Canditians, if any, which gave) rise to immediate cause (a),	(0)	1 de	in del	enter (acheo Ove	ene.
s the	train,			stating the underlying cause	DUE TO, OR AS	A CONSEQUENCE OF				
uire	gnerial			PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTION	NG TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 1(a)	
req p	to by		-	4221 Cens	o-Tin	1. K	Zant 9	alle	<i></i>	
law endii	s beer as the	()	CATIO	190, DATE OF OPERATION 196	ONDITION FOR WHICH	H OPERATION WAS PER	FORMED 20a. A	UTOPSY?	206. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
The	ate has ir use (lealth p	+	CERTIFICATION				YES		CAUSES OF DEATH?	
AN:	icate for U			210. ACCIDENT WAS UNDERLYING CAUSE OF DEAT	T. 101 . 11110	NJURY Manth Day Year	21c. HOW INJURY	OCCURRED (Enter nature	of injury in Part 1 or Part 2, 1	tem 18.)
Side	ertif led r. af		WEDICAL	(If either, natify medical examin	ner) P.M.	. 19		treat or DED. No.	City or Town	Caunty State
PHY e ho	his cartact Dep			Traine Ital Hillio	react of mook! (6	FFICE BUILDING, ETC.	ORY.) 21f. LOCATION S	silger di K.F.D. Nd.	chy di Tawii	Cupilly Sidle
≥ NG	ter t			DE STORE OF STORES	is hospital) otten	ded the deceose	d from	, 19 6 (,	10 June 3, 194	o 0 , that (I) (we) lost
ed b	he S			220. I certify that (I) (the sow the deceased a couses stated above	live on Jun	id pathulau tha	ond that in	(my) (our) opinion d	eoth occurred on the do	te and hour and from the
ATTI	shat i			#2b, SIGNATURE	, (i) (we)(uio) (u	ilu fibit view ille i	10		22c. C	DATE SIGNED
OR De re	e 3 ed &			Einest	· W.	Serl	DEGREE PHYS	NDING MED. DIRECTOR	STAFF C	me7, 1968.
TAL	AL E	1		22d. PHYSICIAN'S NAME (Type)	III Saida	At		ADDRESS	M	1
O HOSPITA Page 4 may	o FUNERAL director, po shauld be f	^ '						Rising Jun,		
O HO	director, should t	2	230.	BURIAL, CREMATION, 23b. REMOVAL (Specify)	ne 6, 1968		EMETERY OR CREMATOR		LOCATION (City or Town)	(Caunty) (State)
=	IN	N	24.	ELINEBAL DIRECTOR	7777	ADDRESS		ZSa. REC'D BY REGIS	TRAR 10 PM. REGISTRAR	SCA CHILL
	30M REV.	68	1	ee A. Patterso	n & Son	Perruni	Les Ma	DATE JUN 1	1 1200	0